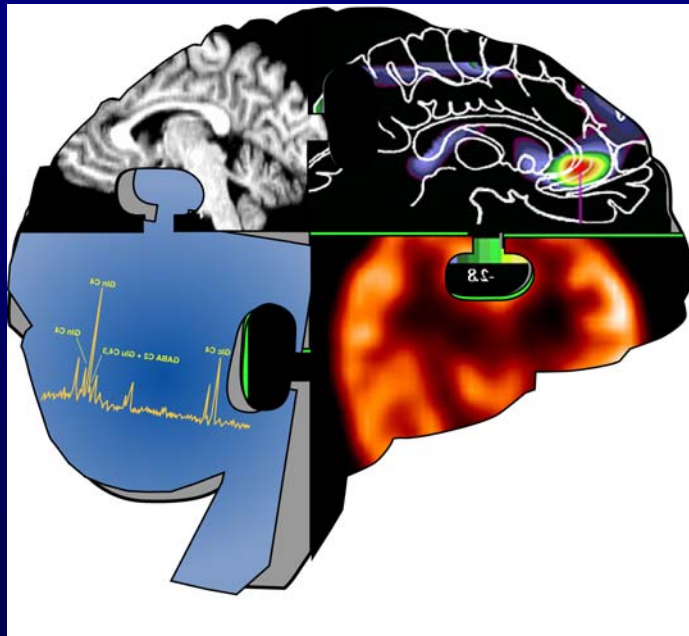


# Positron Emission Tomography: Tool to Facilitate Drug Development and to Study Pharmacokinetics



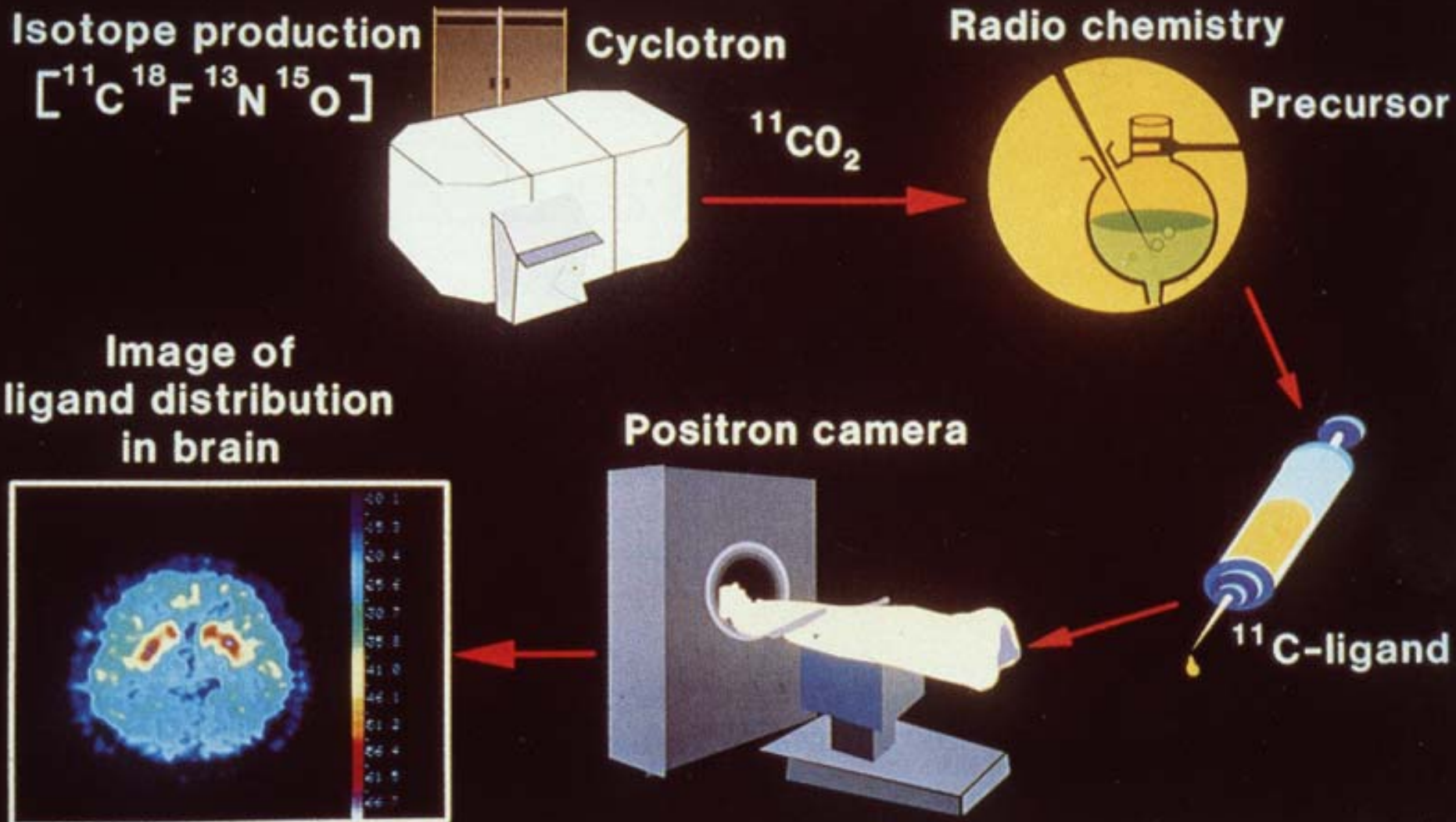
October 18, 2007

Robert B. Innis, MD, PhD  
Molecular Imaging Branch  
National Institute Mental Health

# Outline of Talk

- \* PET has high sensitivity and specificity
- \* PET used in therapeutic drug development
- \* Pharmacokinetic modeling of plasma concentration and tissue uptake can measure receptor density
- \* Study drug distribution: “peripheral” benzodiazepine receptor
- \* Study drug metabolism: inhibit defluorination

# Imaging of neuroreceptors by PET



# *Positron Emission Tomography*

## Positron Emission Tomography

Simon R. Cherry, Ph.D.  
Center for Molecular and Genomic Imaging  
University of California-Davis



# PET vs. MRI

	PET	MRI
Spatial Resolution	2 – 6 mm	<< 1 mm
Sensitivity	$10^{-12}$ M	$10^{-4}$ M
Temporal Resolution	minutes	<1 sec

*Radionuclide ( $^{11}\text{C}$ ): high sensitivity*

*Ligand (raclopride): high selectivity*

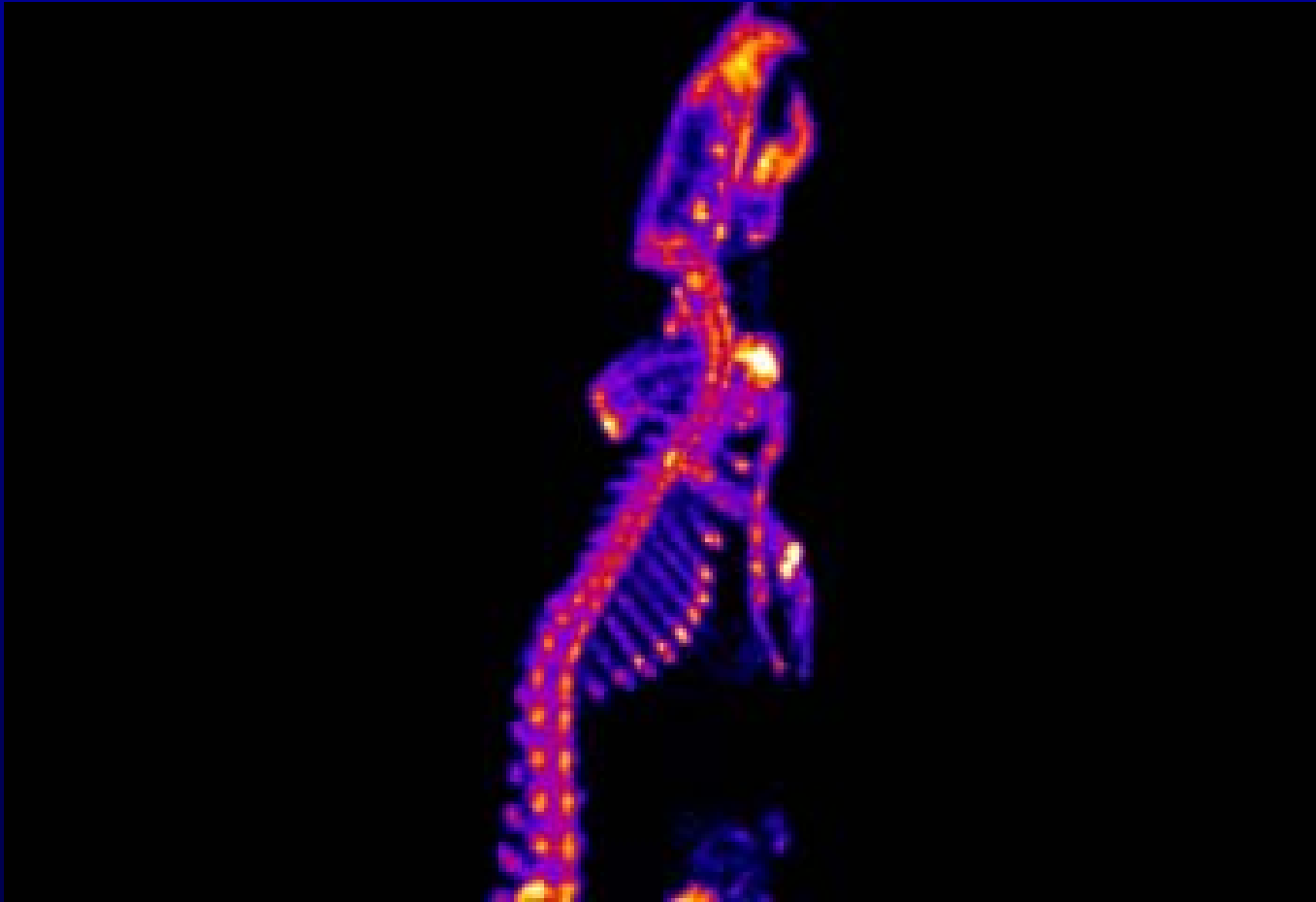
*Radioligand [ $^{11}\text{C}$ ]raclopride: high sensitivity & selectivity*

# **Radioligand = Drug + Radioactivity**

- \* Drug administered at tracer doses**
  - No pharm effects
  - Labels <1% receptors
  - Labeled subset reflects entire population
- \* Radioligand disposed like all drugs**
  - Metabolism & distribution
- \* Radiation exposure**

# NIH Rodent PET Camera

## $^{18}\text{F}$ bone uptake rat



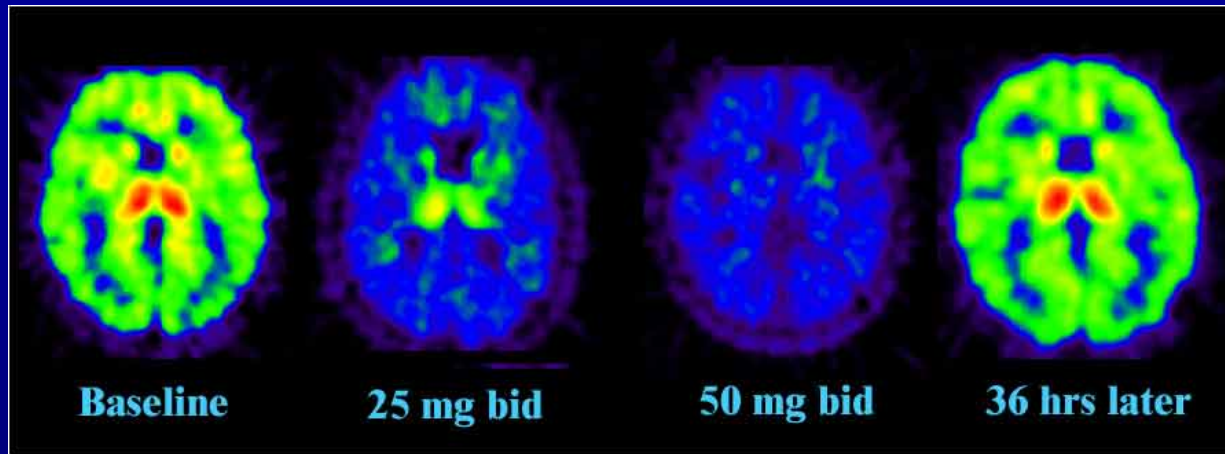
Developed By: Mike Green & Jurgen Seidel

# PET: Tool in Therapeutic Drug Development

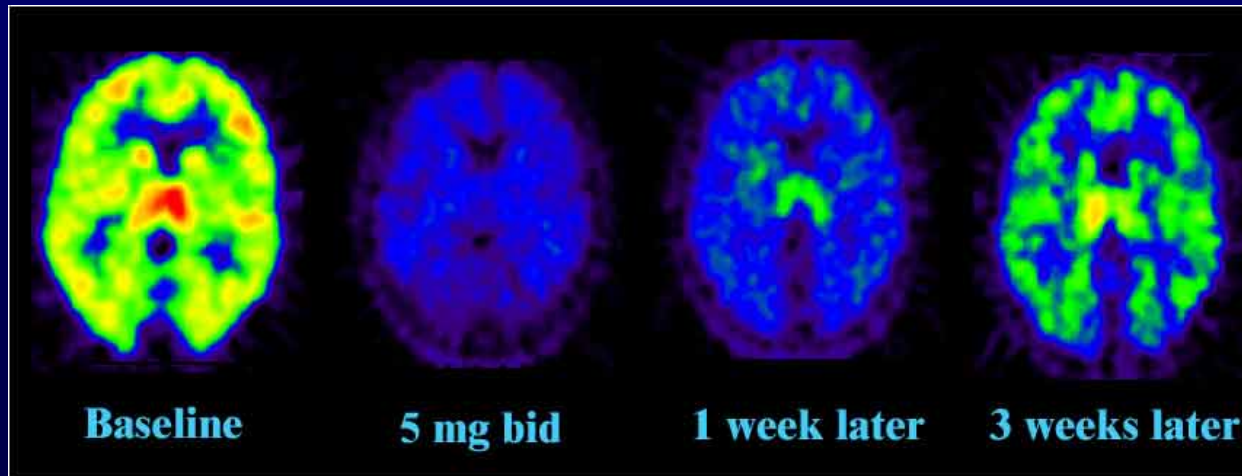
- \* Determine dose and dosing interval
- Identify homogeneous group
- Biomarker for drug efficacy
- Monitor gene or stem cell therapy



# **Lazabemide blocks [ $^{11}\text{C}$ ]deprenyl binding to monoamine-oxidase-B (MAO-B)**



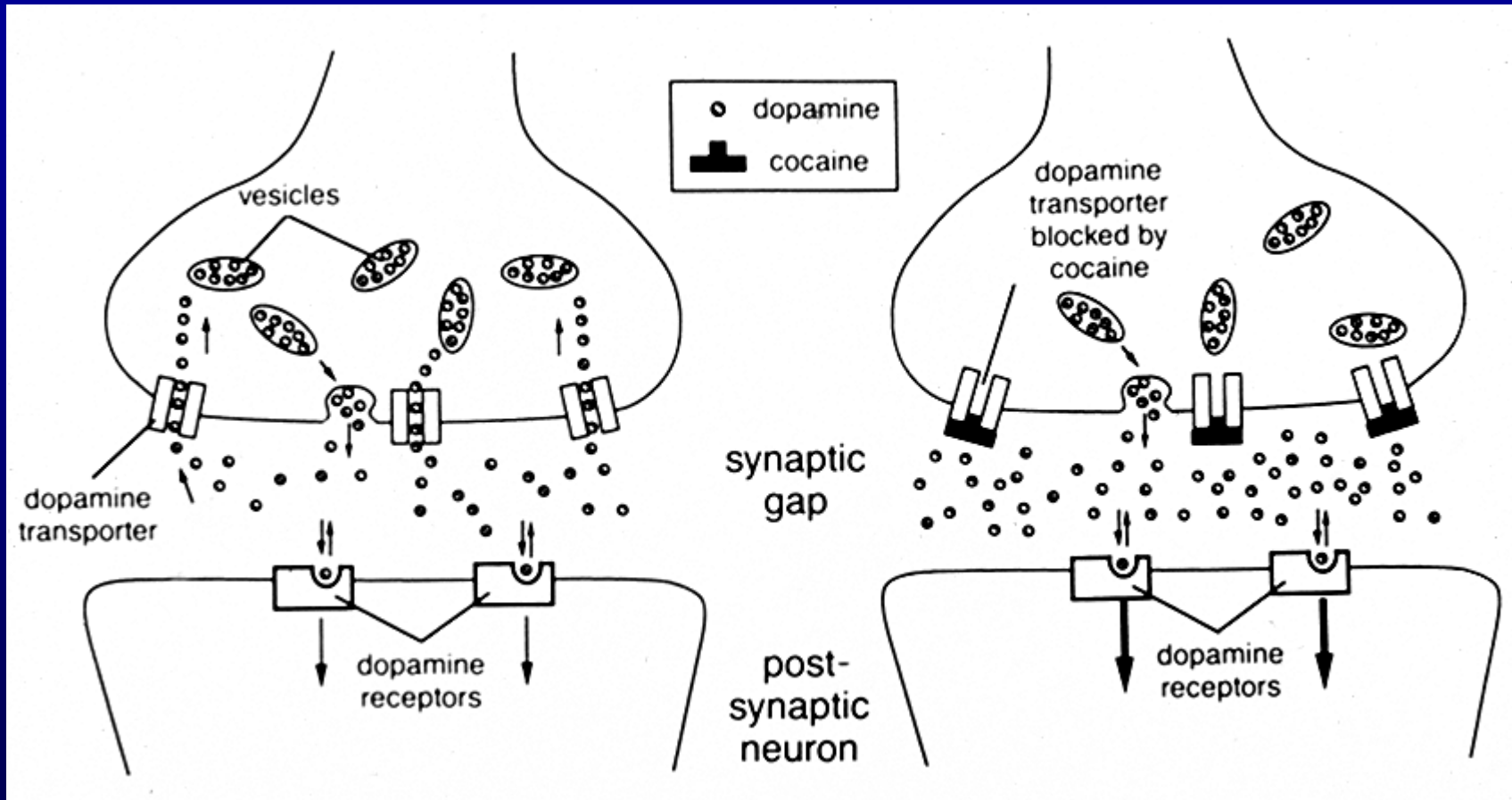
**Selegilene is more potent and longer acting than lazabemide**



# PET: Tool in Therapeutic Drug Development

- Determine dose and dosing interval
- \* Identify homogeneous group
- Biomarker for drug efficacy
- Monitor gene or stem cell therapy

# Dopamine Transporter: Located on DA Terminals Removes DA from Synapse



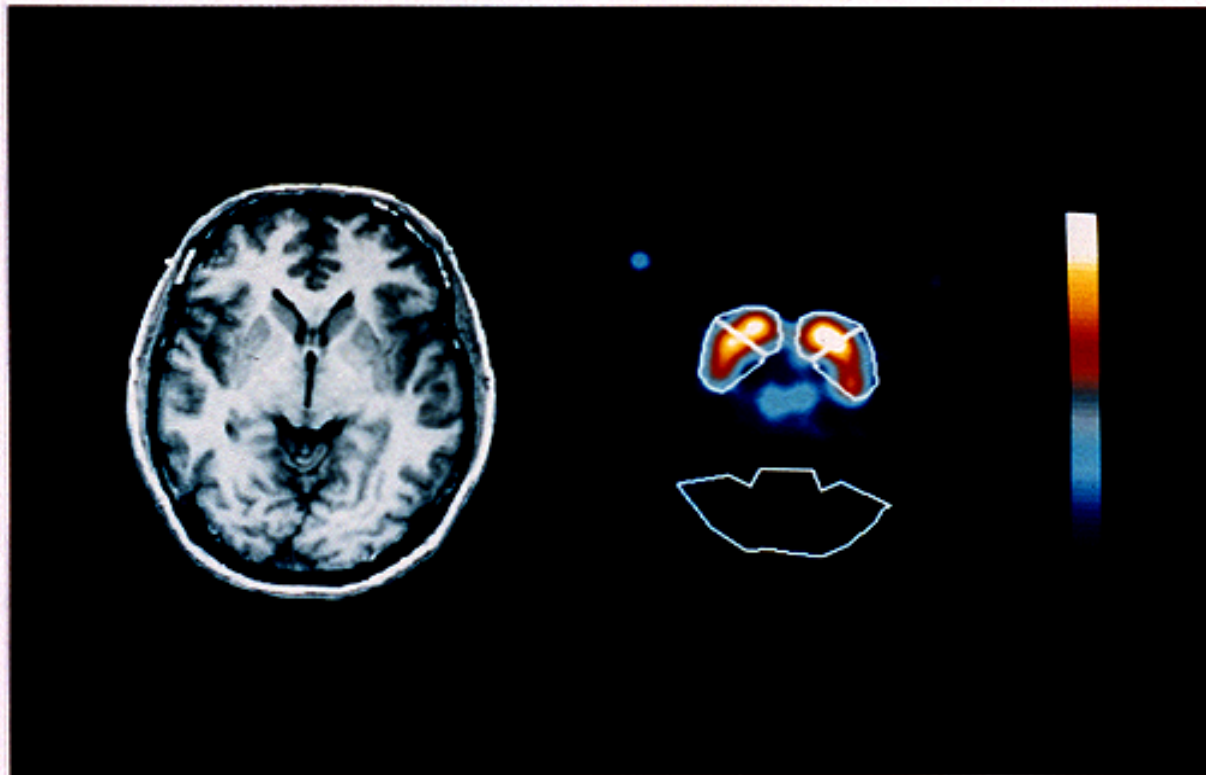
# SPECT Imaging of Dopamine Transporter in Caudate and Putamen of Human Brain

## COREGISTERED IMAGES

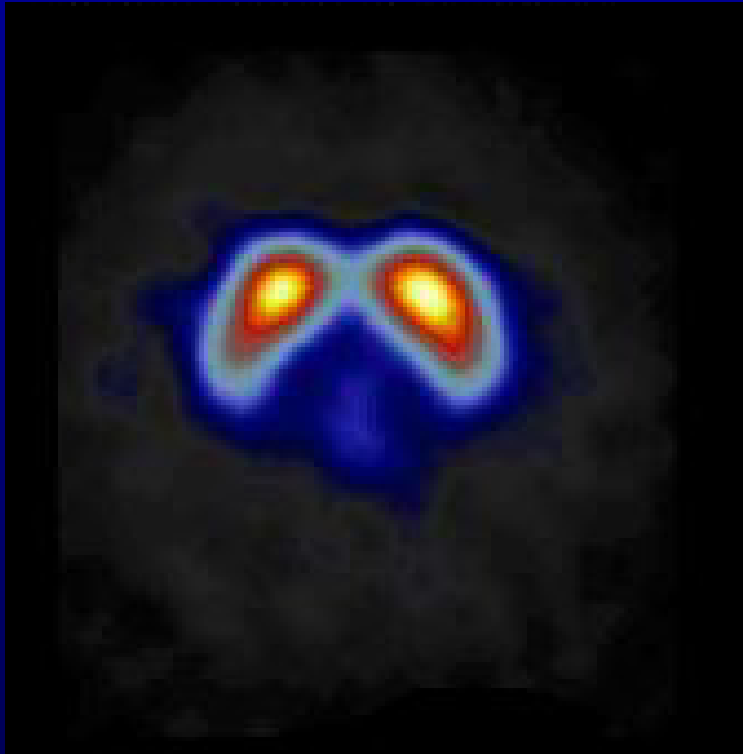
[ $^{123}\text{I}$ ]  $\beta$ -CIT

MRI

SPECT



# **$^{123}\text{I}$ - $\beta$ -CIT Dopamine Transporter SPECT: Decreased in Parkinson's Disease**



**Healthy**

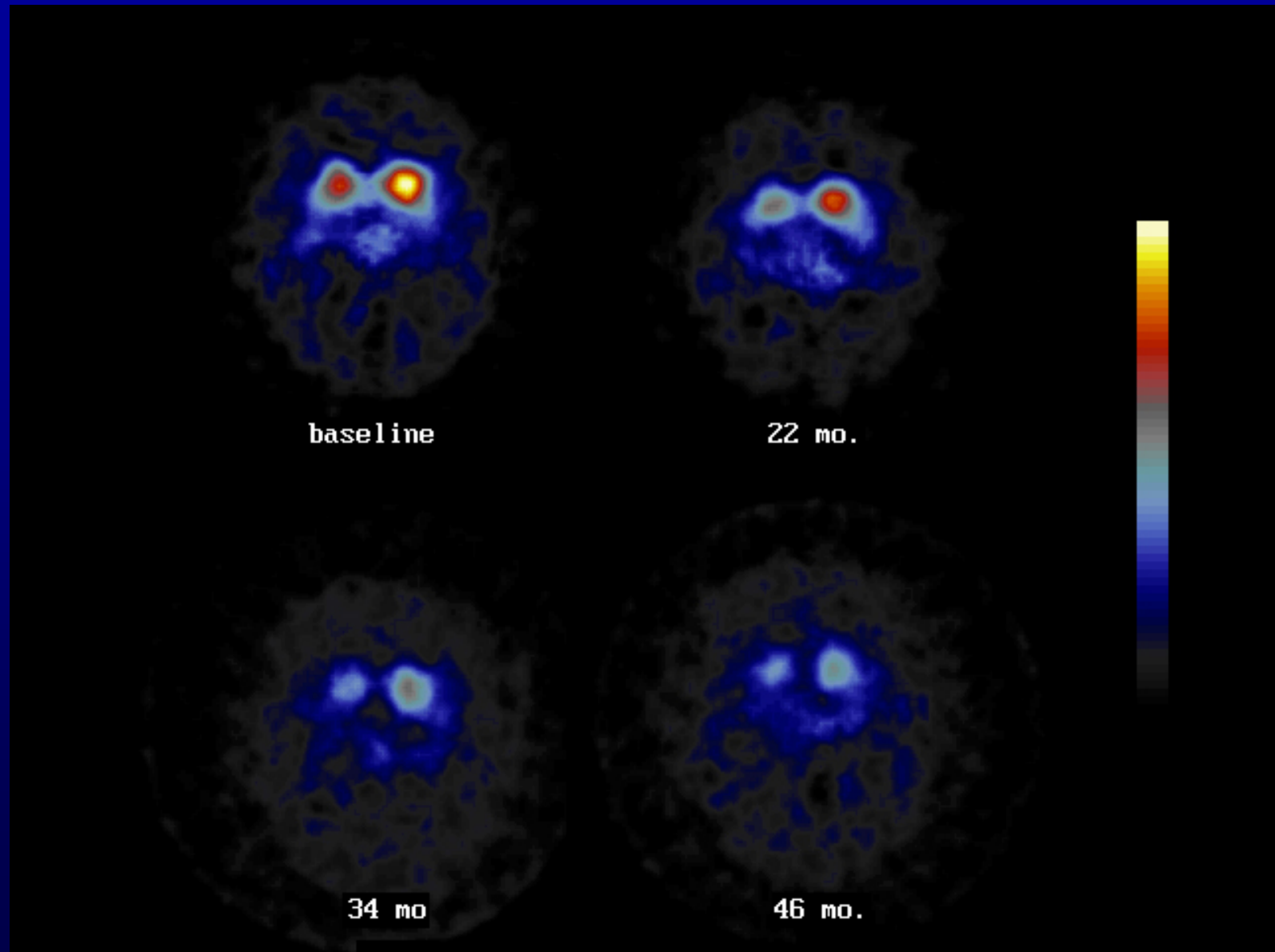


**Parkinson  
Stage 1**

# **PET: Tool in Therapeutic Drug Development**

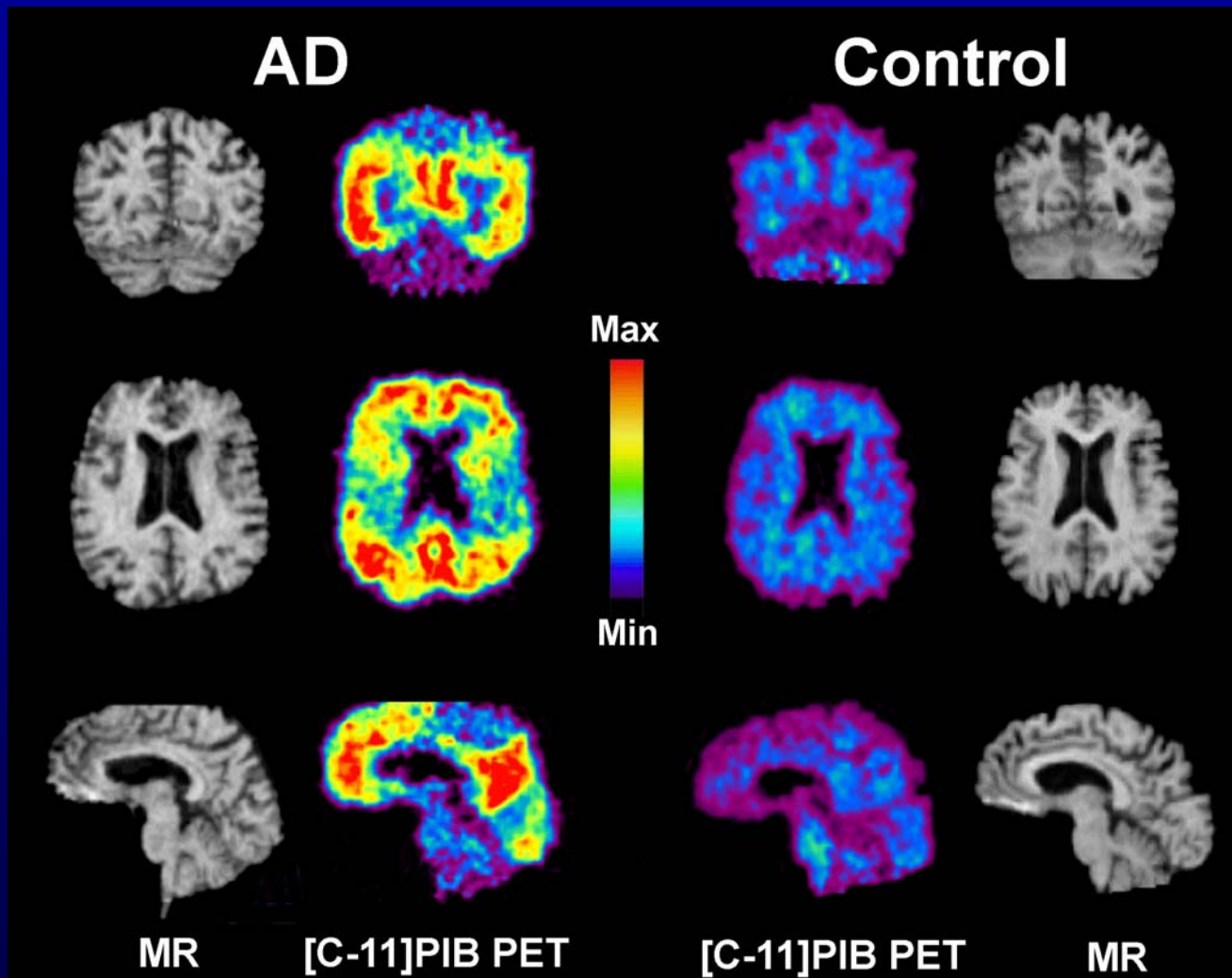
- Determine dose and dosing interval
- Identify homogeneous group
- \* Biomarker for drug efficacy
- Monitor gene or stem cell therapy

# Serial Dopamine Transporter Imaging in a Parkinson Patient





# PET Imaging of Amyloid: Biomarker for Alzheimer's Disease



University of Pittsburgh  
*PET Amyloid Imaging Group*

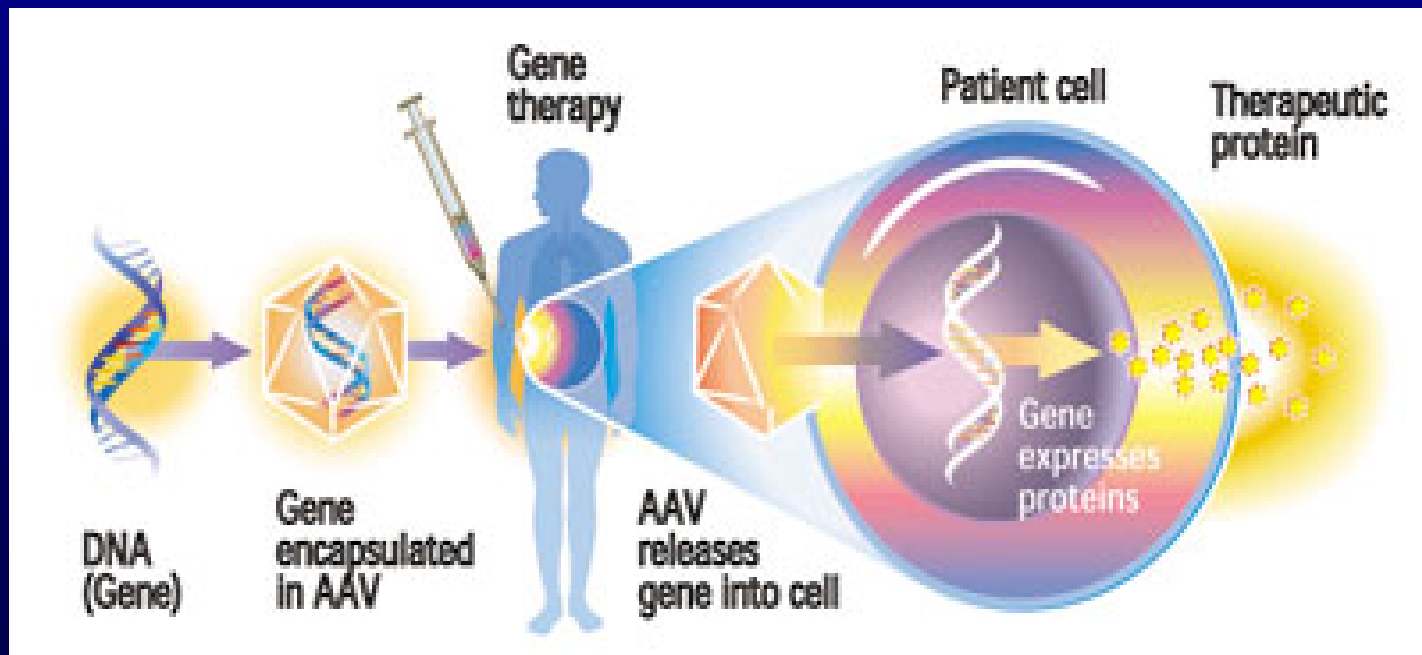


# **PET: Tool in Therapeutic Drug Development**

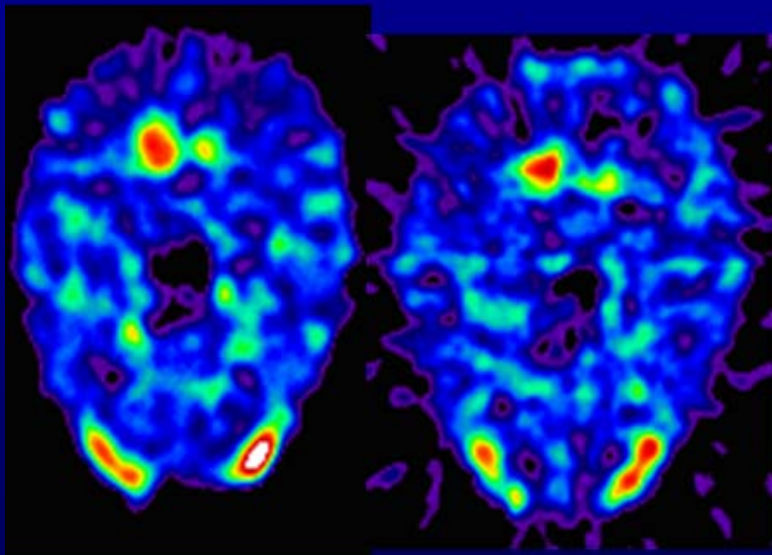
- Determine dose and dosing interval
- Identify homogeneous group
- Biomarker for drug efficacy
- \* Monitor gene or stem cell therapy

# Gene Therapy Using Viral Vectors

- \* Viral vectors deliver gene that synthesizes dopamine (DA)
- \* Infuse virus into striatum (target cells)
- \* **Target cells express the DA gene**



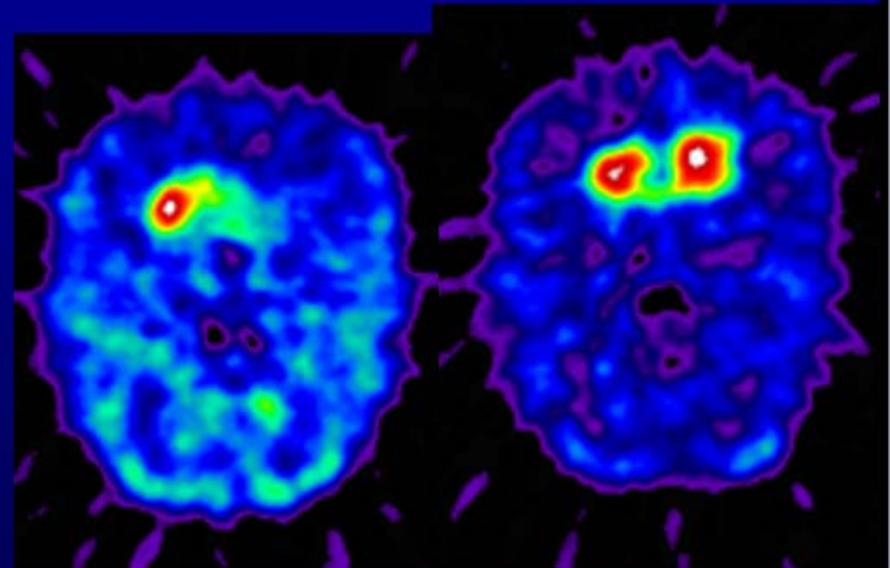
# **PET Dopamine Imaging in Hemi-Parkinson Monkey: Monitors gene for DA synthesis in right striatum**



**pre**

**post**

**Control Gene:  
Lac-Z**



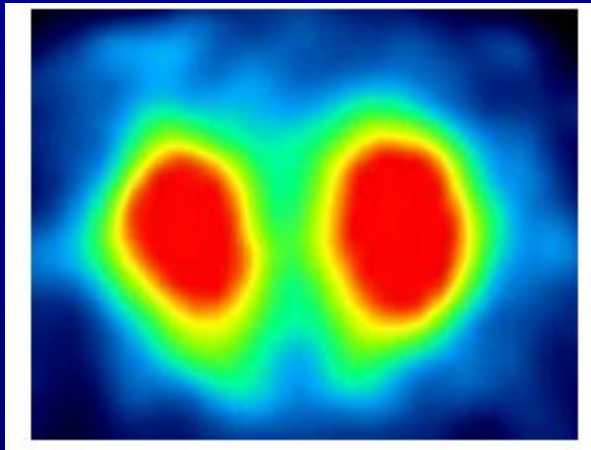
**pre**

**post**

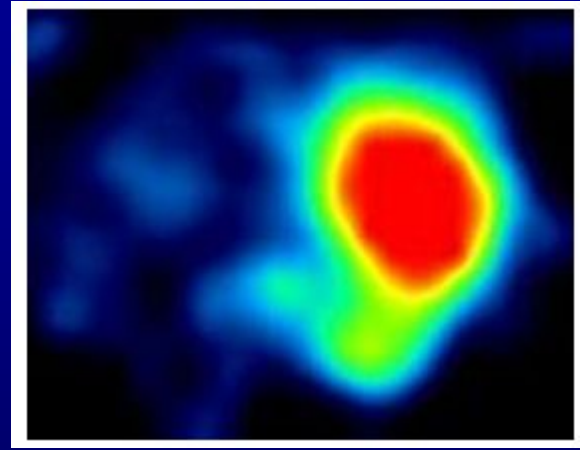
**DA Synthesis Gene:  
AADC**

# PET Imaging to Monitor Embryonic Stem Cell Treatment of “Parkinson Disease” in Rats

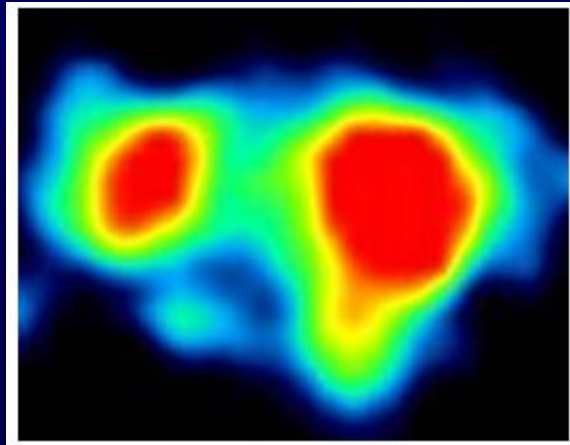
**Normal**



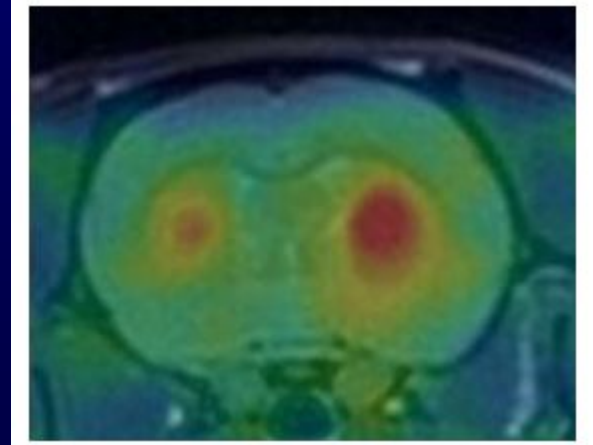
**Unilateral Lesion**



**Embryonic Stem Cells**



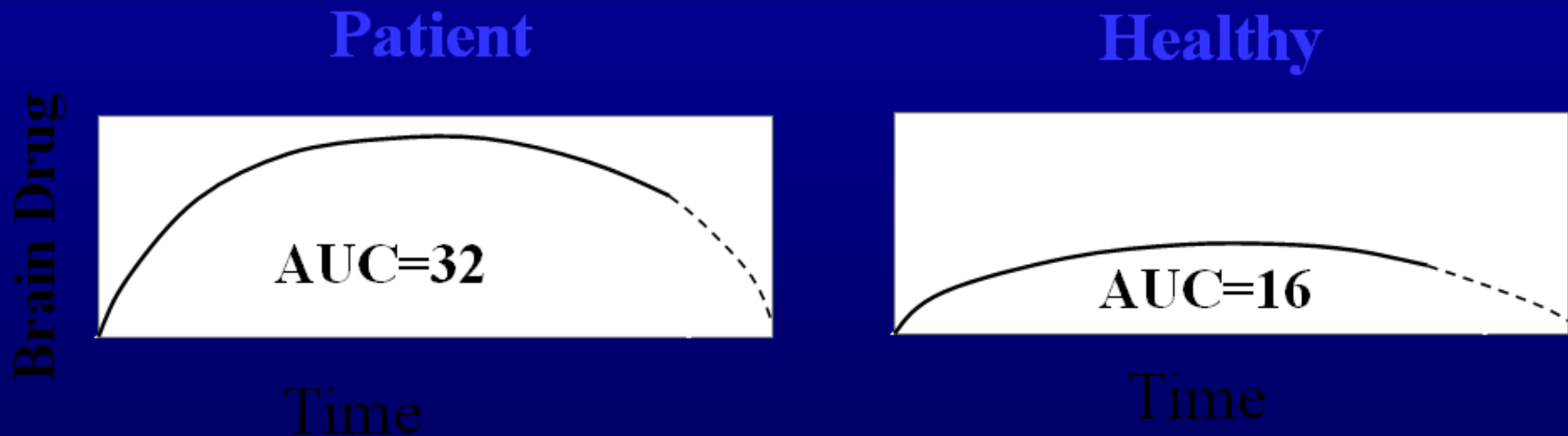
**PET & MRI**



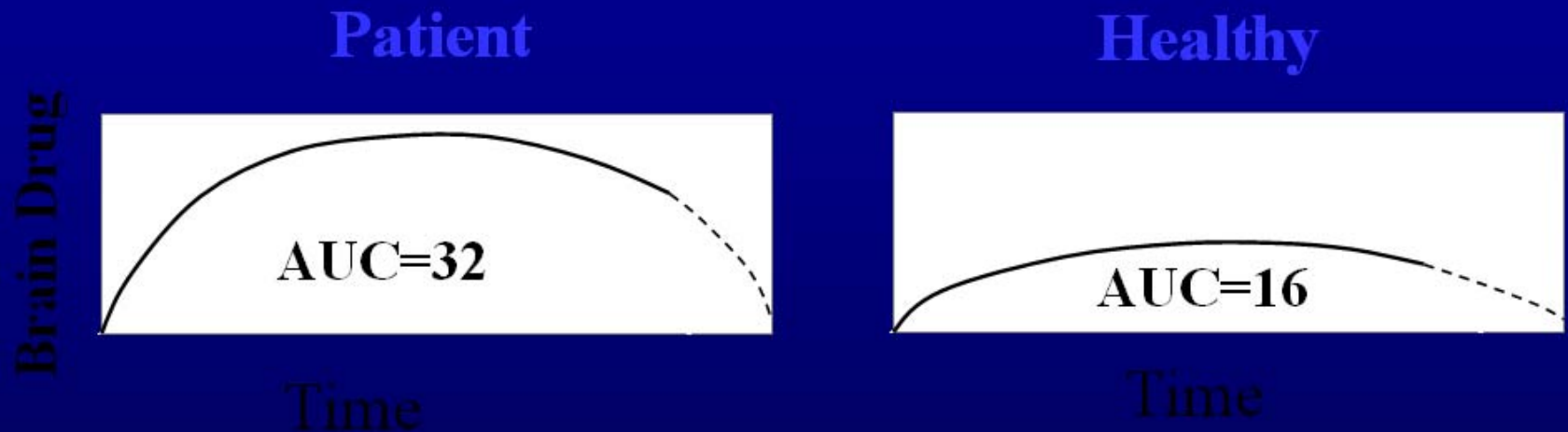
# Outline of Talk

- PET has high sensitivity and specificity
- PET used in therapeutic drug development
- \* Pharmacokinetic modeling: plasma concentration and tissue uptake
- Study drug distribution: “peripheral” benzodiazepine receptor
- Study drug metabolism: inhibit defluorination

# Brain Uptake of [ $^{18}\text{F}$ ]Fluoxetine: Measures Density of Serotonin Transporters & Affinity of Fluoxetine

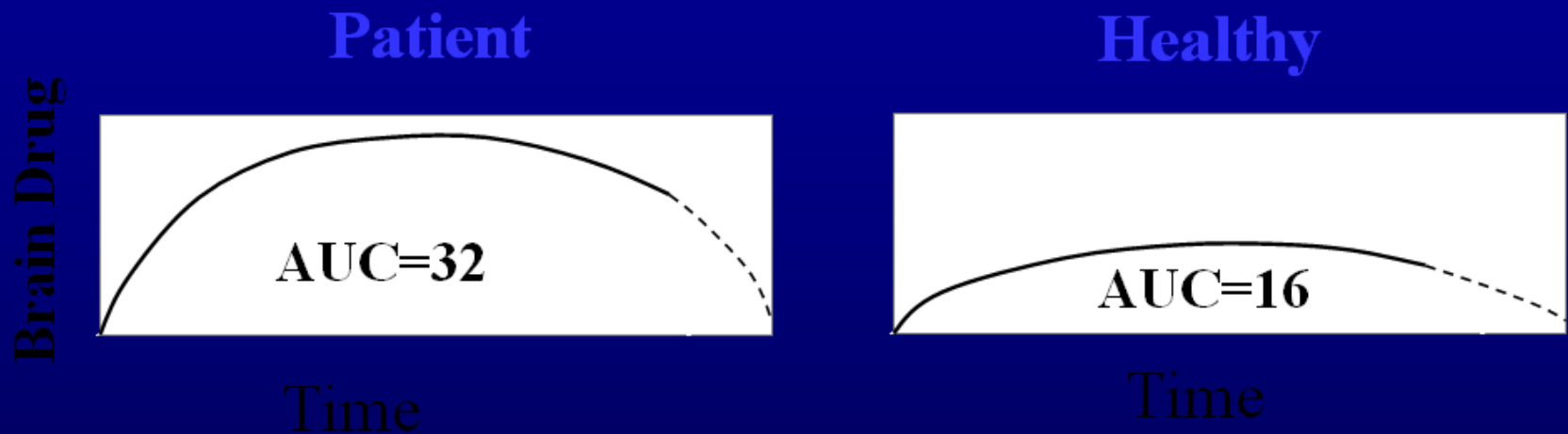


# Brain Uptake of [ $^{18}\text{F}$ ]Fluoxetine: Measures Density of Serotonin Transporters & Affinity of Fluoxetine



	Patient	Healthy
Inject Activity	20 mCi	10 mCi

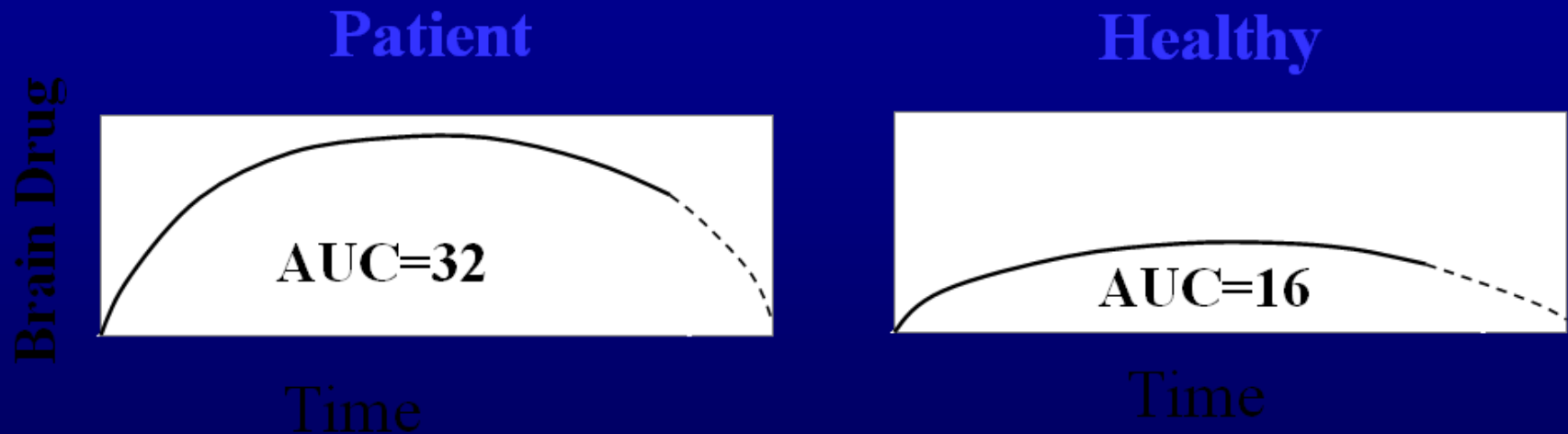
# Brain Uptake of [ $^{18}\text{F}$ ]Fluoxetine: Measures Density of Serotonin Transporters & Affinity of Fluoxetine



	Patient	Healthy
Inject Activity	20 mCi	20 mCi

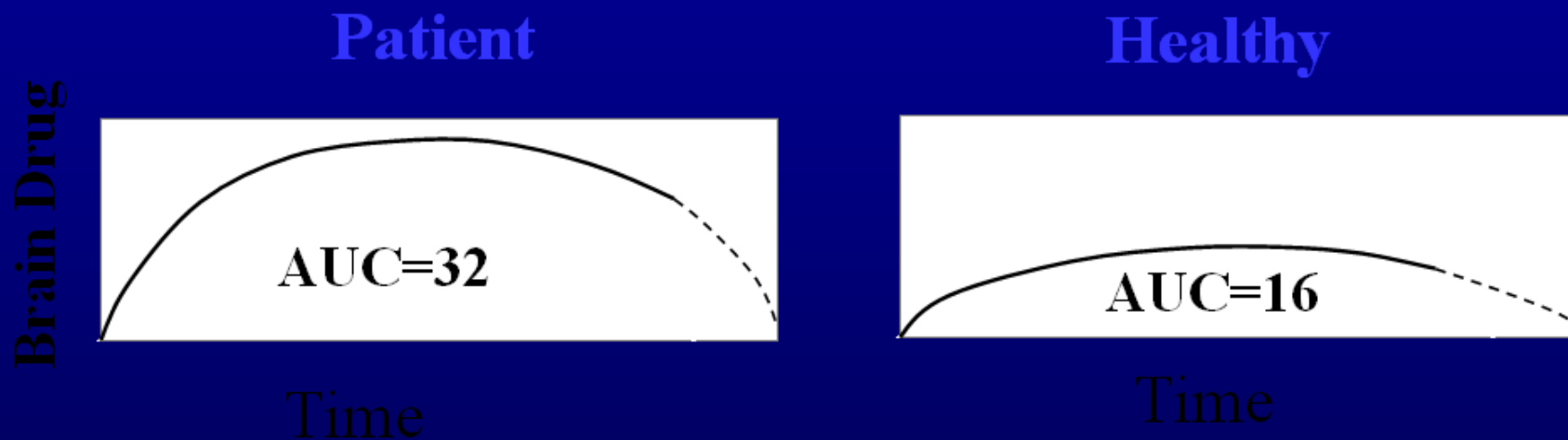


# Brain Uptake of [ $^{18}\text{F}$ ]Fluoxetine: Measures Density of Serotonin Transporters & Affinity of Fluoxetine



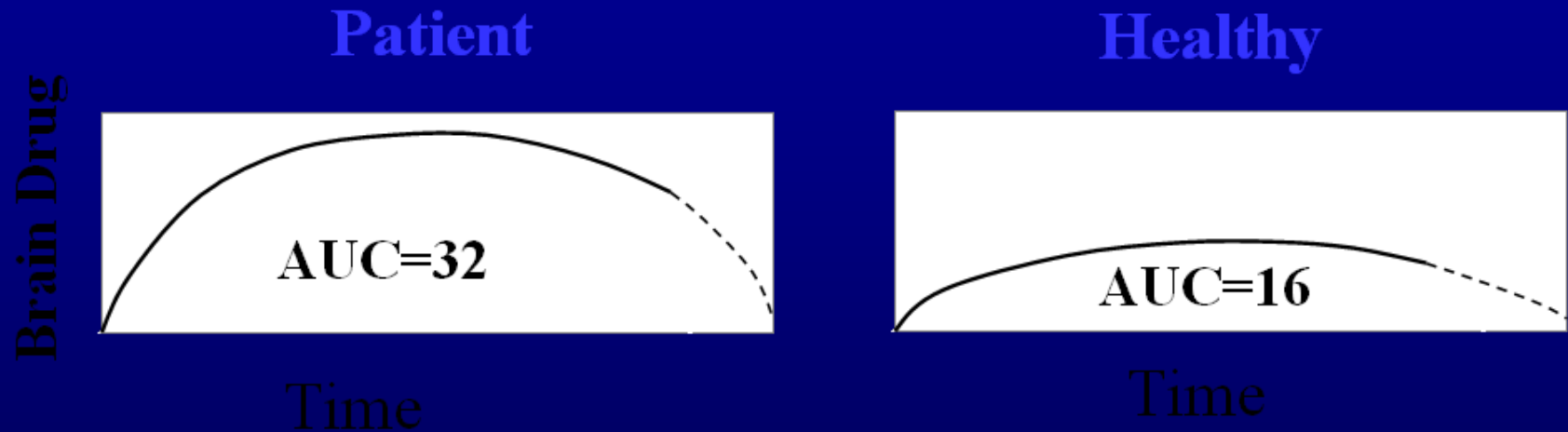
	Patient	Healthy
Inject Activity	20 mCi	20 mCi
Weight	50 kg	100 kg

# Brain Uptake of [ $^{18}\text{F}$ ]Fluoxetine: Measures Density of Serotonin Transporters & Affinity of Fluoxetine



	Patient	Healthy
Inject Activity	20 mCi	20 mCi
Weight	100 kg	100 kg

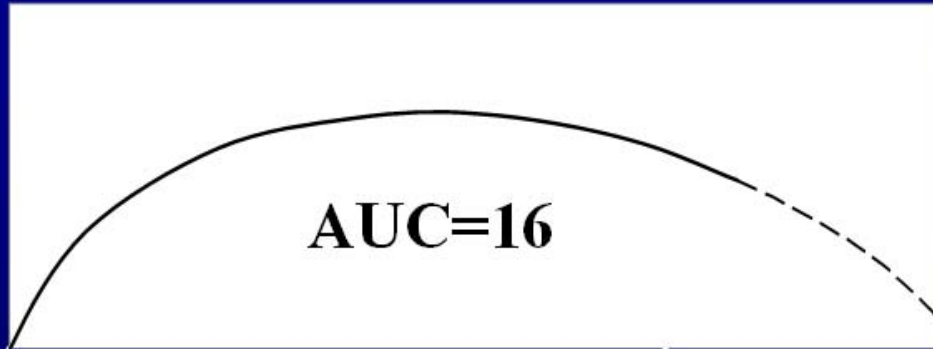
# Brain Uptake of [ $^{18}\text{F}$ ]Fluoxetine: Measures Density of Serotonin Transporters



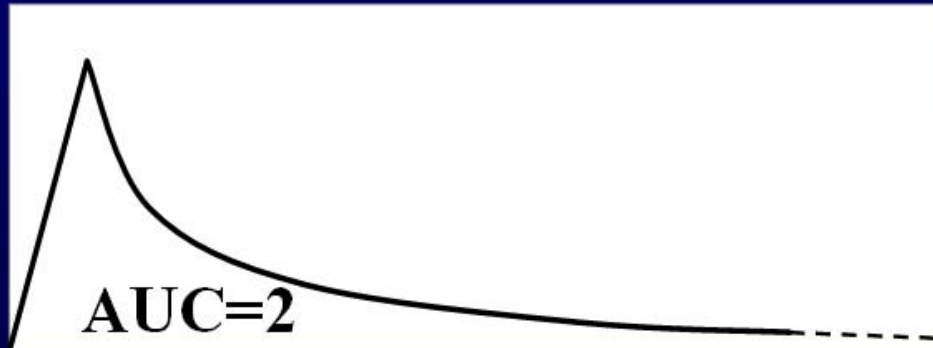
	Patient	Healthy
Inject Activity	40 mCi	20 mCi
Weight	100 kg	100 kg
Liver disease	Yes	No

**Binding Potential (BP)** BP equals uptake in brain relative to how much activity is delivered in arterial plasma

**Brain Drug**



**Plasma Drug**



**Time**

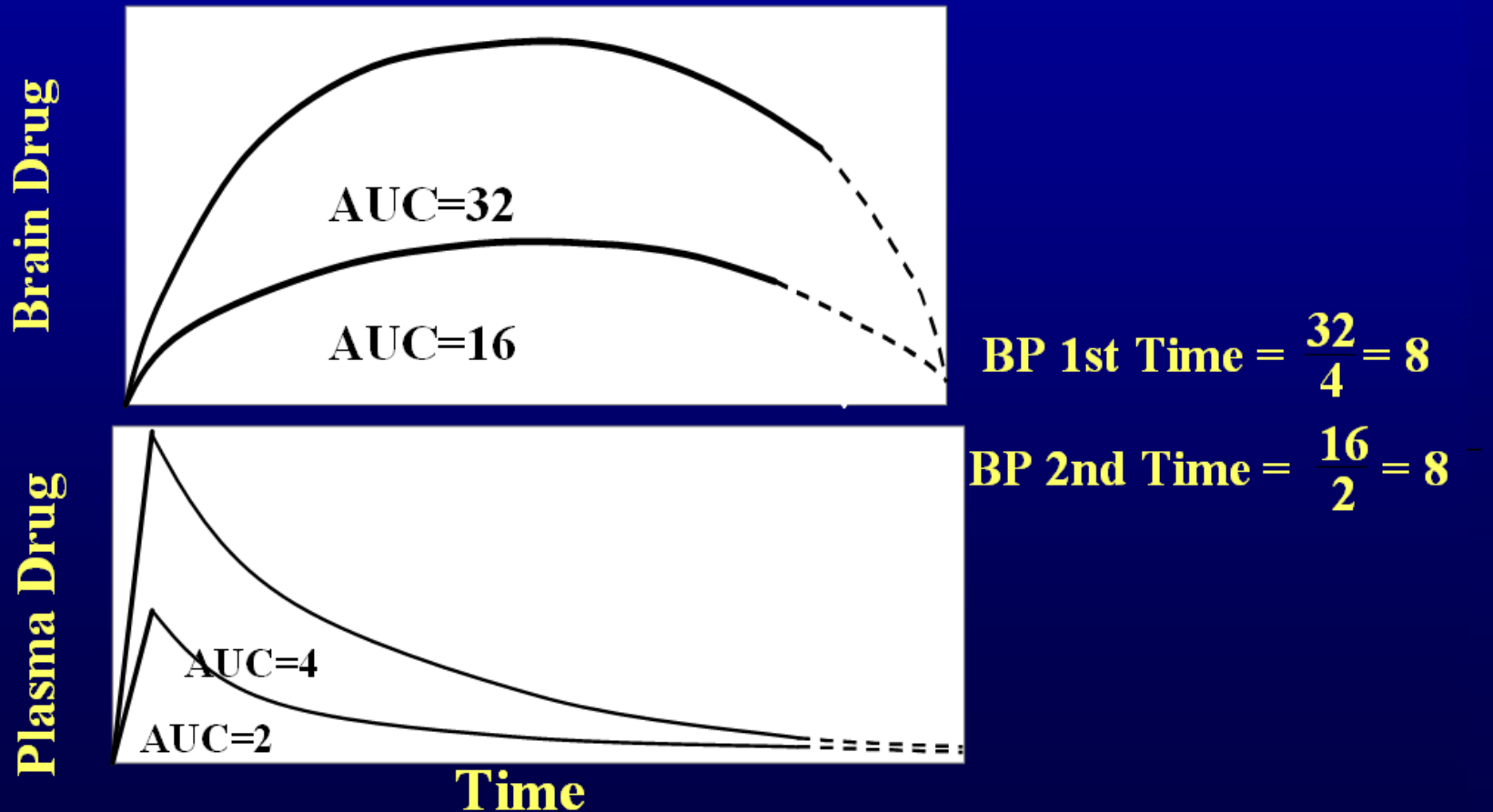
$$BP = \frac{\text{Area Brain Curve}}{\text{Area Plasma Curve}}$$

$$BP = \frac{16}{2} = 8$$

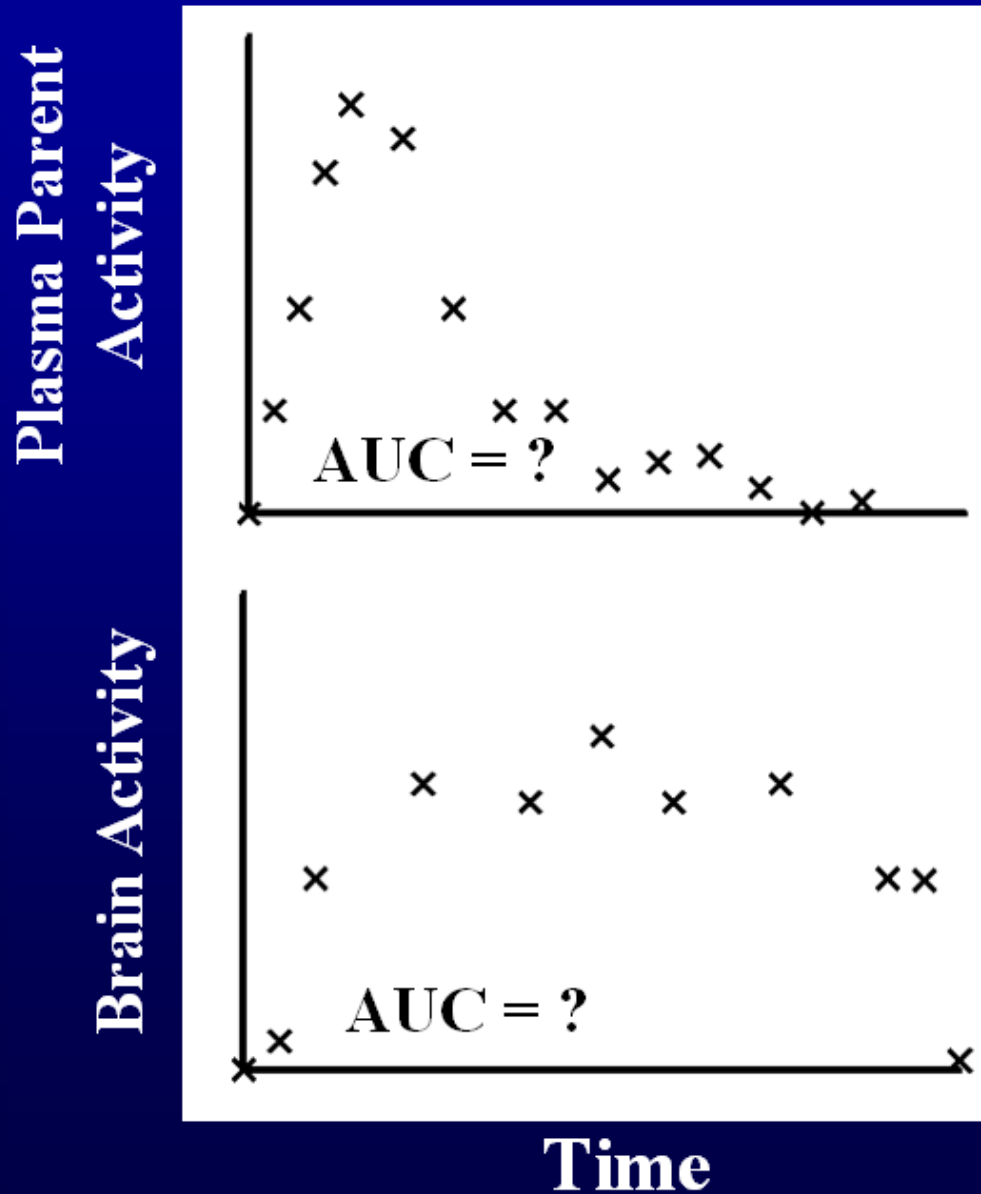
# Binding Potential: Independent of Injected Dose\*

Double Plasma Input => Double Brain Response

*\*If ligand does not saturate receptors - i.e. if tracer doses used*



# What's So difficult? Limited, noisy data.



# Tissue uptake is proportional to density of receptors and the affinity of the drug

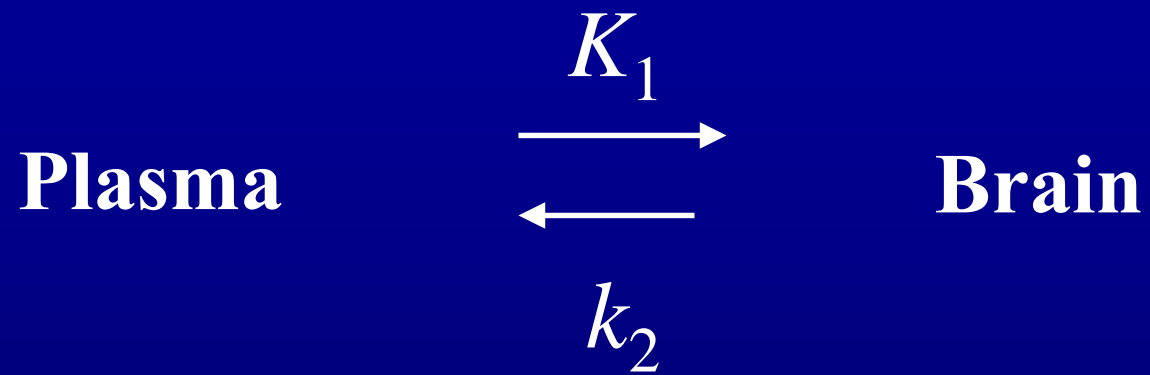
**Binding  
Potential**

$$BP = \frac{B_{\max}}{K_D} = B_{\max} \times \frac{1}{K_D} = B_{\max} \times \text{affinity}$$

$B_{\max}$  = receptor density

$K_D$  = dissociation binding constant

$\frac{1}{K_D}$  = binding affinity drug





# Outline of Talk

- PET has high sensitivity and specificity
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- Pharmacokinetic modeling: plasma concentration and tissue uptake
- \* Study drug distribution: “peripheral” benzodiazepine receptor
- Study drug metabolism: inhibit defluorination

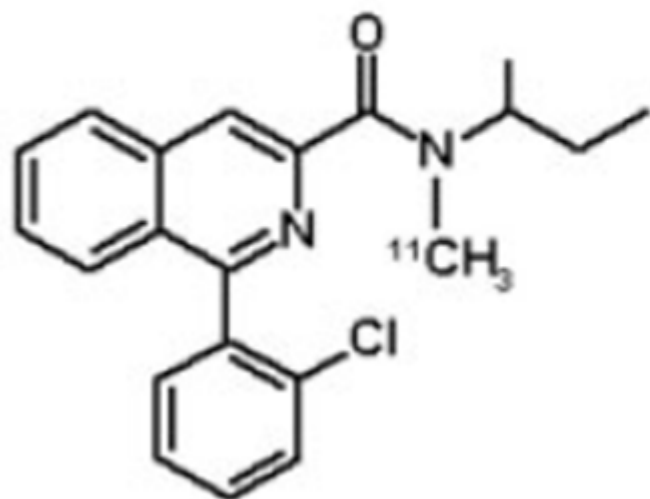
# **“Peripheral” Benzodiazepine Receptor**

- Mitochondrial protein highly expressed in macrophages and activated microglia
- Exists in periphery and brain
- Multiple potential functions: steroid synthesis, nucleotide transport
- Distinct from typical benzodiazepine GABA<sub>A</sub> receptor in brain
- \* **Marker for cellular inflammation**

# Old and New PBR PET Ligands

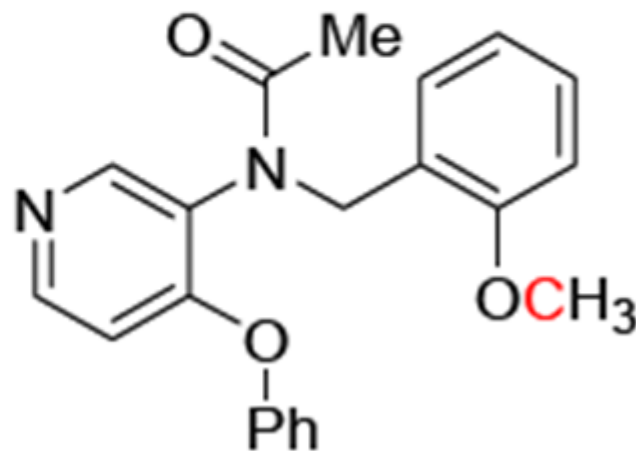
## $[^{11}\text{C}](R)\text{-PK11195}$

$\text{IC}_{50} = 0.8 \text{ nM}^*$  ;  $\text{cLogP} = 5.3$



## $[^{11}\text{C}]\text{PBR28}$

$\text{IC}_{50} = 0.6 \text{ nM}^*$  ;  $\text{cLogP} = 3.0$



*New Ligand*

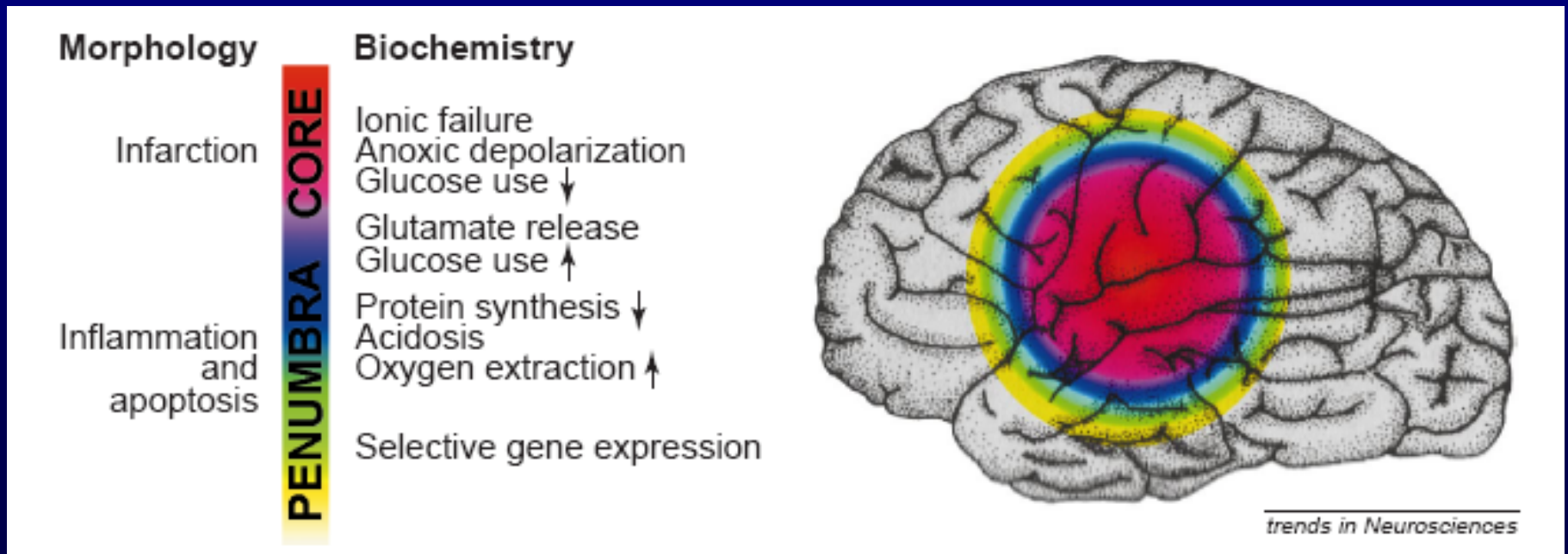
*Aryloxyanilide Structure*

*Higher specific receptor signal*

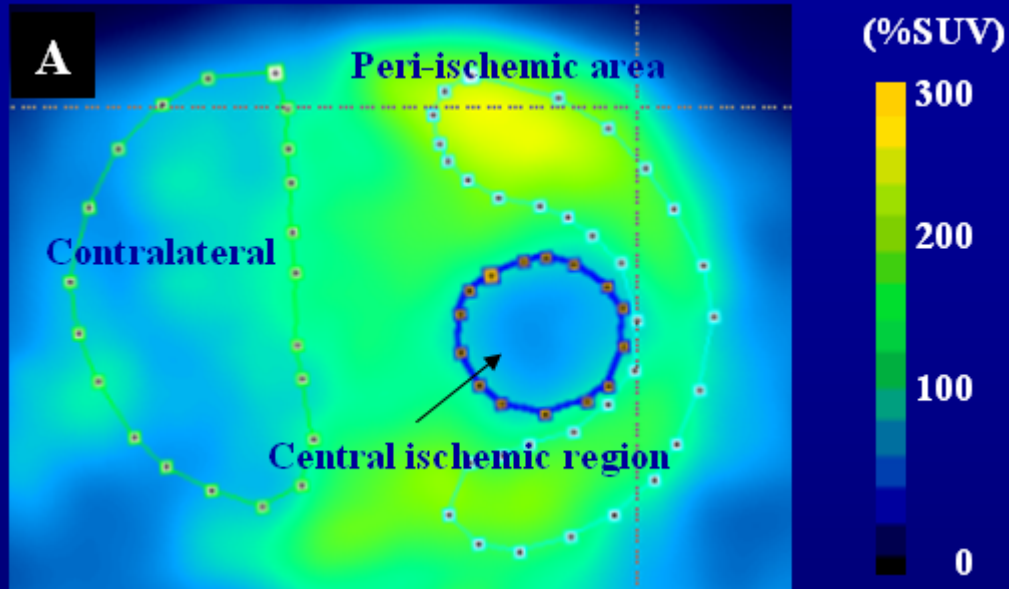
*Lower lipophilicity*

# PBR Imaging in Cerebral Ischemia

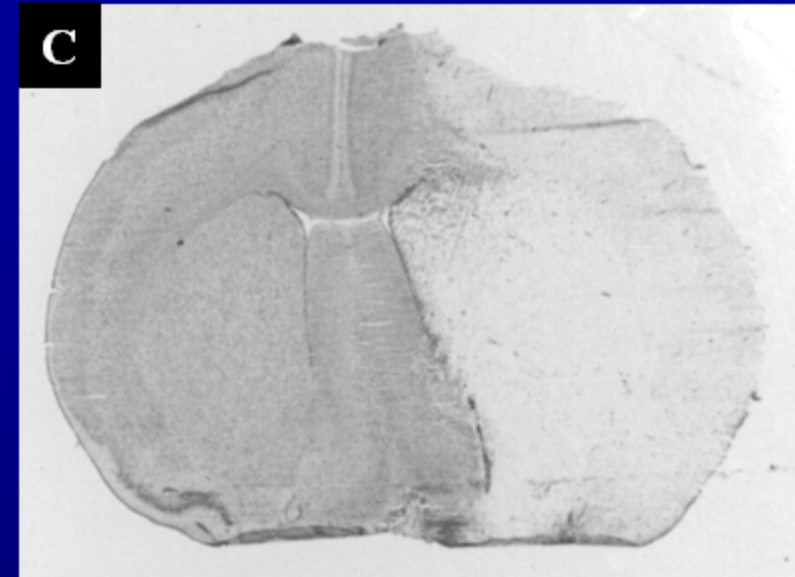
- \* Cerebral ischemia (stroke) consists of a necrotic core surrounded by a penumbra with salvageable tissue.
- \* Penumbra accumulates a large number of activated microglia.



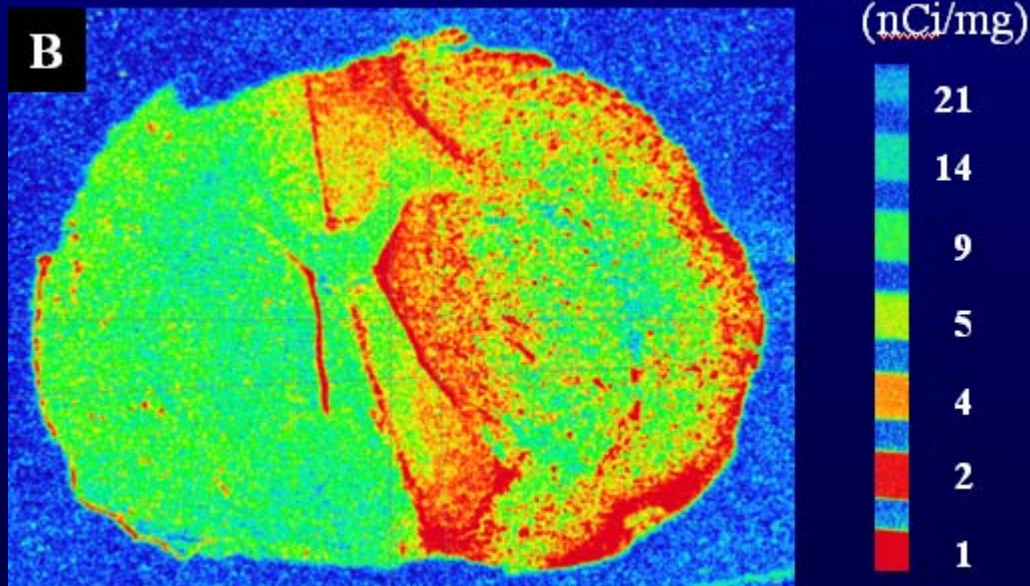
## $[^{11}\text{C}]\text{PBR28}$ PET summation image



## Cresyl violet staining

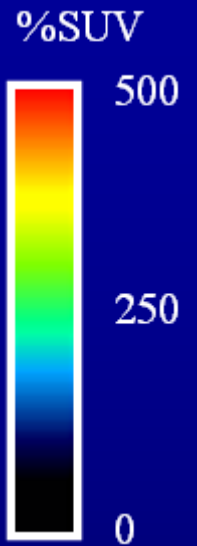
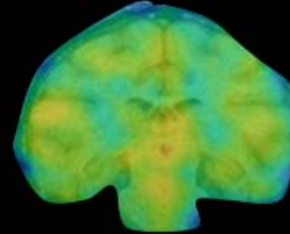
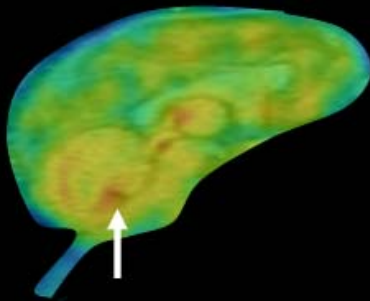
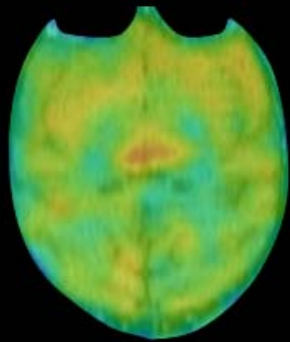


## In vitro $[^3\text{H}]\text{PK11195}$ autoradiography

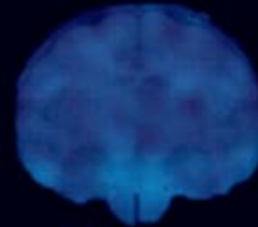
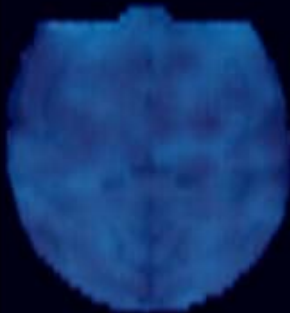


Radioactivity accumulates in the peri-ischemic area and correlates with PBR receptor autoradiography.

# $[^{11}\text{C}]$ PBR28 Monkey Brain: Total Uptake

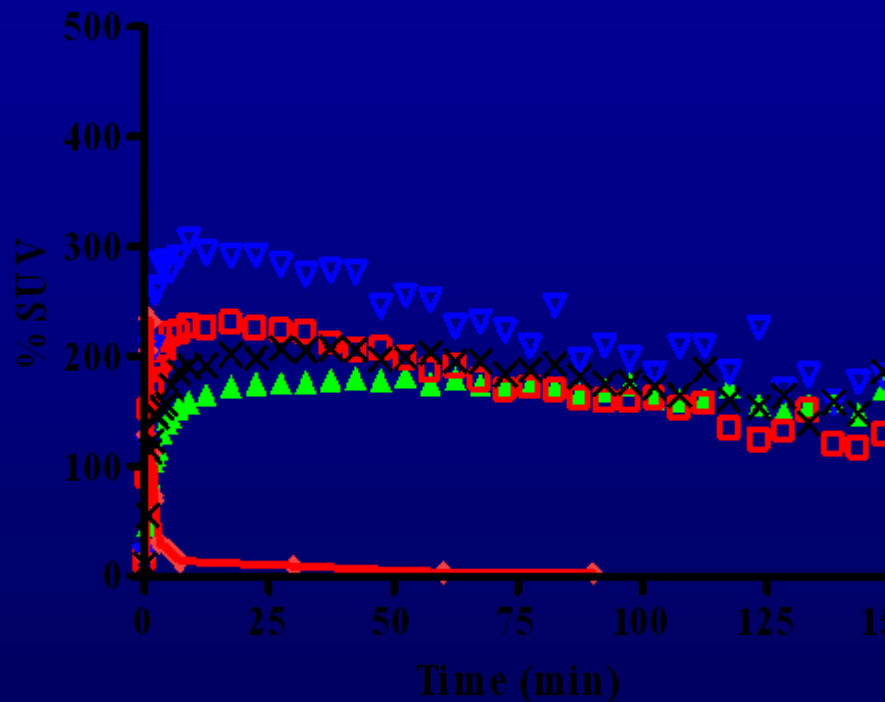


## Nonspecific Uptake: Preblocked with PK11195

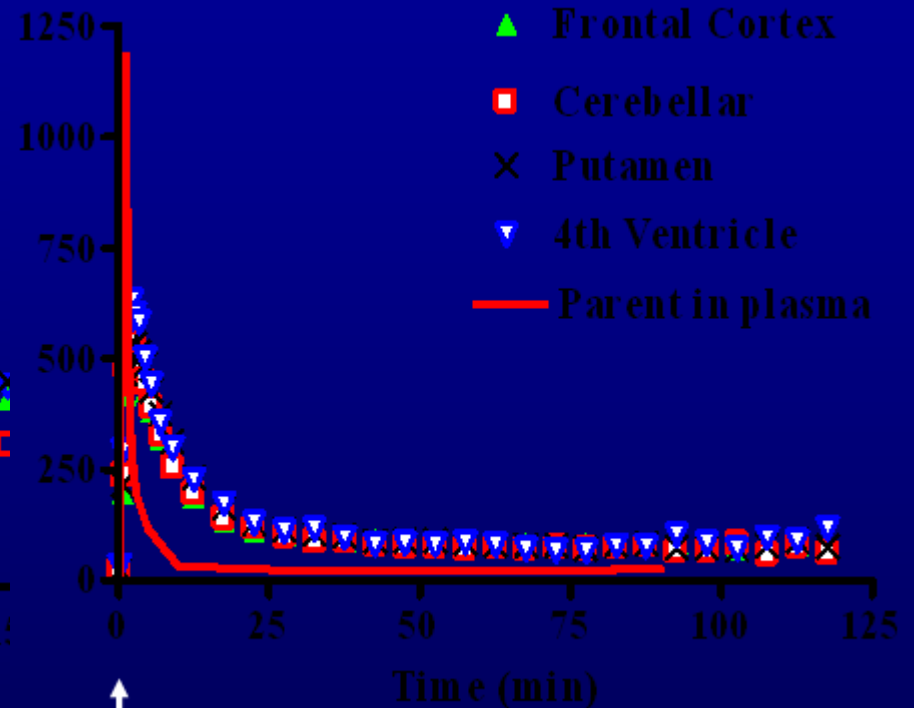


# [<sup>11</sup>C]PBR01 Time-activity Curves

Baseline scan



Blocking scan



Non-radiolabeled PBR01  
1 mg/kg i.v.

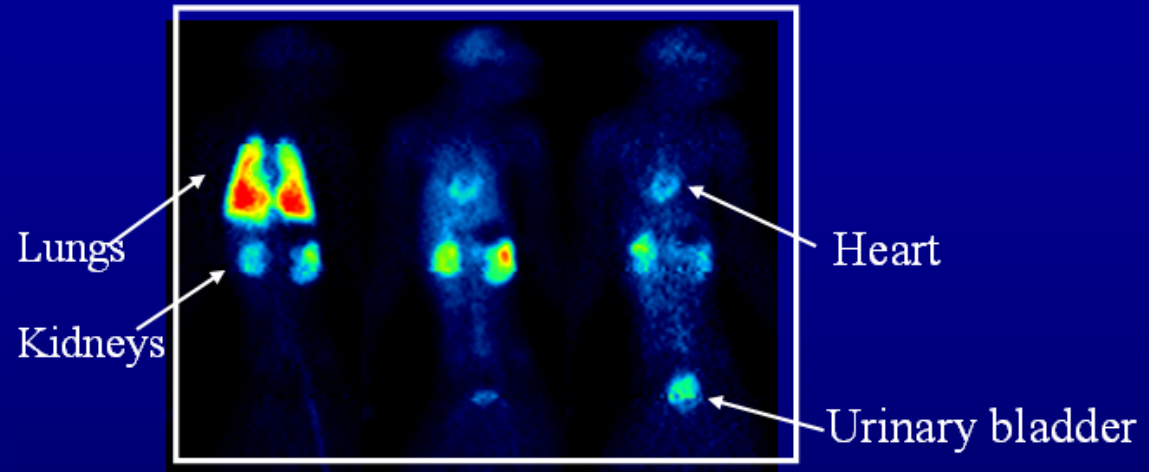
% standard uptake value (%SUV)  
100 %SUV = Average of activity in the whole body

High levels of specific binding



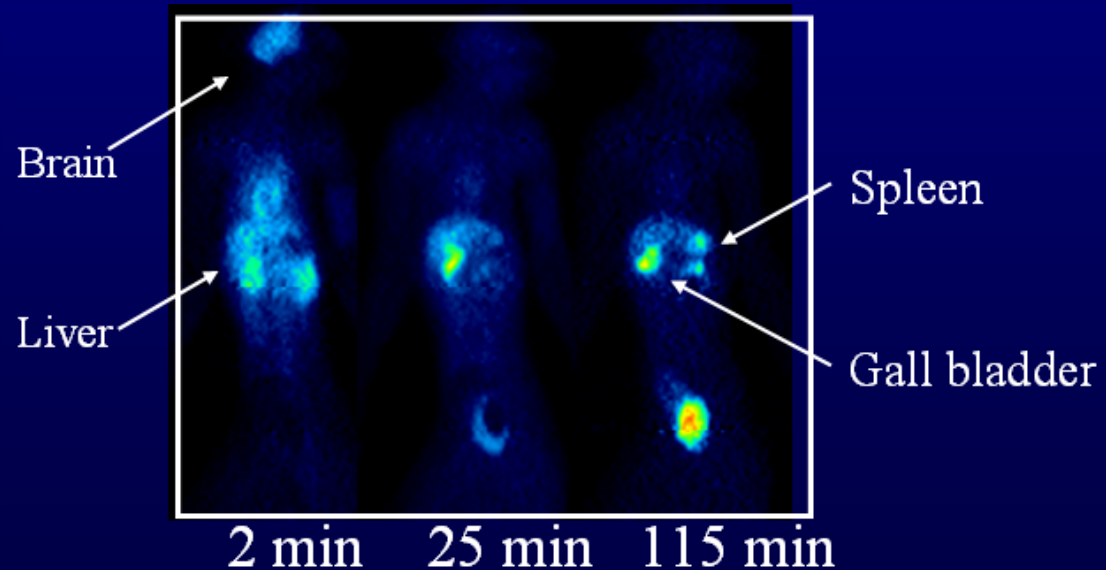
# Receptor Blockade Displaces from Lung & Kidney Drives More Radioligand to Brain

**Baseline**



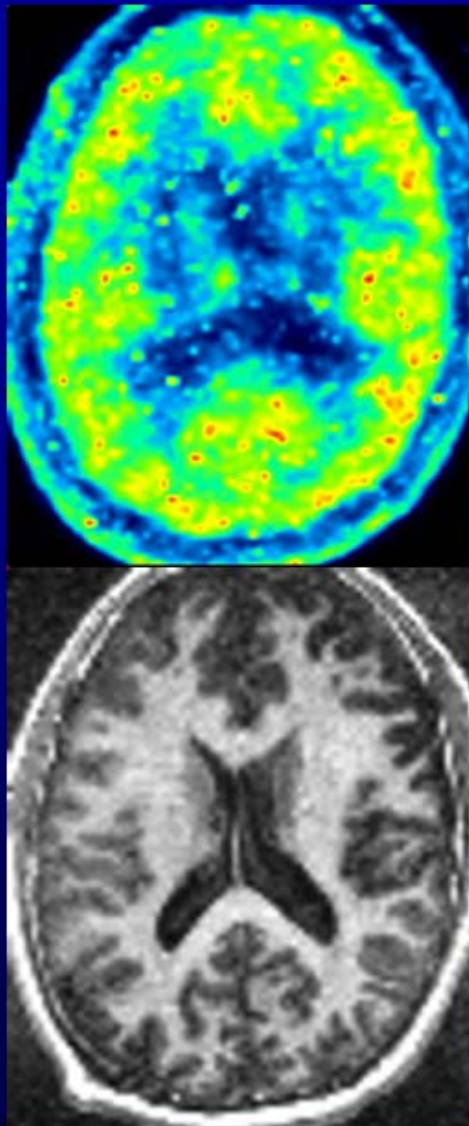
**Blocked**

PK11195 10 mg/kg



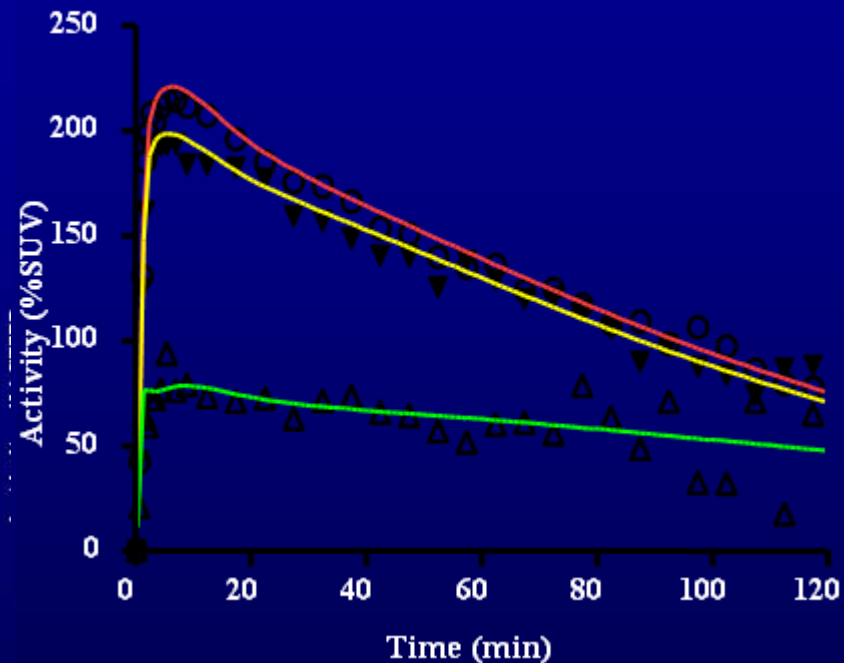


# Imaging Peripheral Type Benzodiazepine Receptors Using [ $^{11}\text{C}$ ]PBR28 in Human



PET average all frames

Brain Time Activity Curves



- Front. ctx
- ▼ Thalamus
- △ White matter

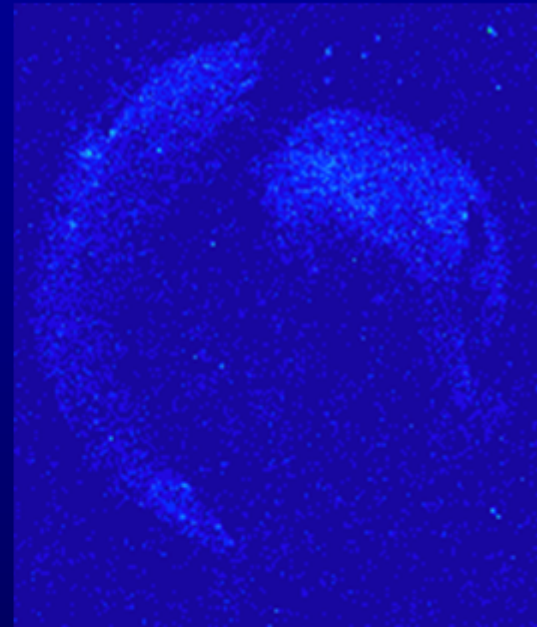
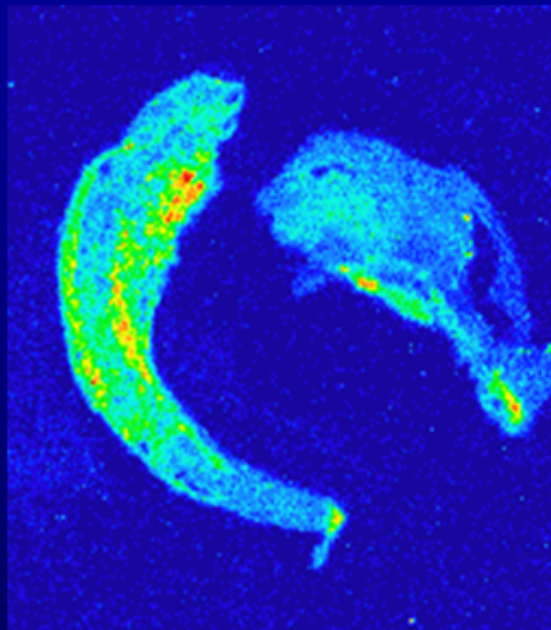
Lines are unconstrained  
2-compartment fits

# **[<sup>3</sup>H]PK 11195 Receptor Autoradiography: Human Carotid Artery with Plaque**

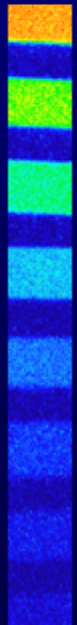
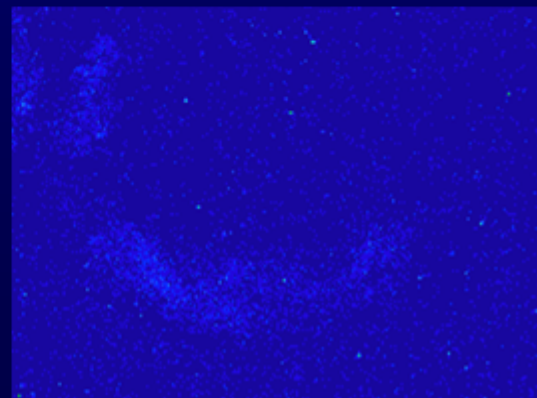
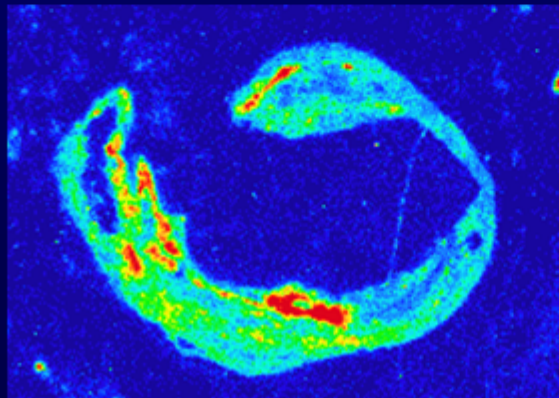
**Total binding**

**Non-specific binding**

**Subject #1**



**Subject #2**

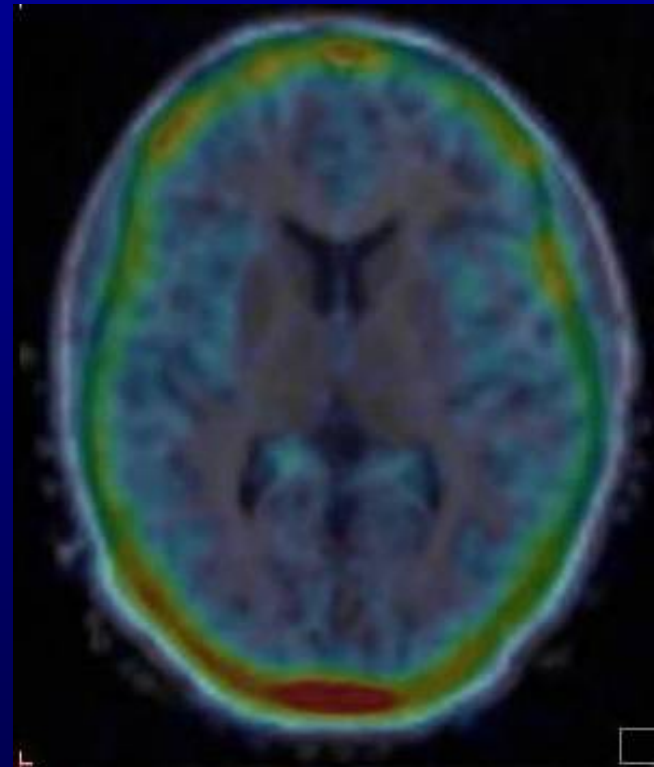
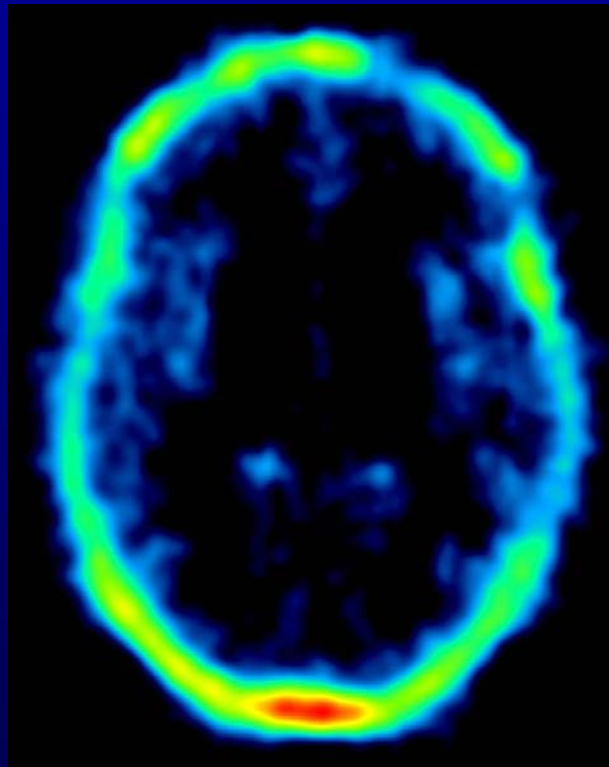


# Outline of Talk

- PET has high sensitivity and specificity
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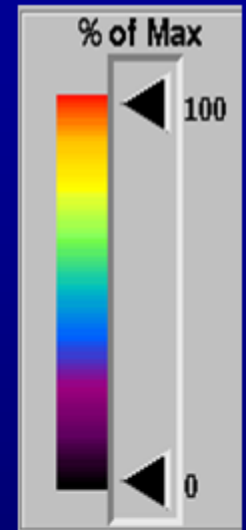
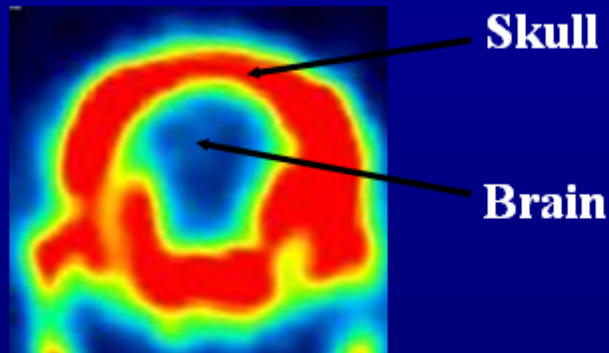
# **[<sup>18</sup>F]FCWAY: Defluorination**

## **Bone uptake: human skull at 2 h**



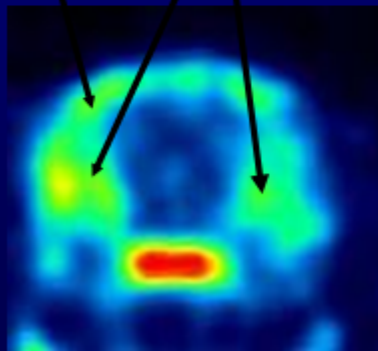
# Miconazole Inhibits Defluorination & Bone Uptake

$[^{18}\text{F}]$ Fluoride

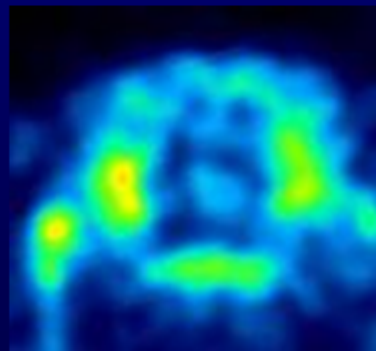


Skull Temp Ctx

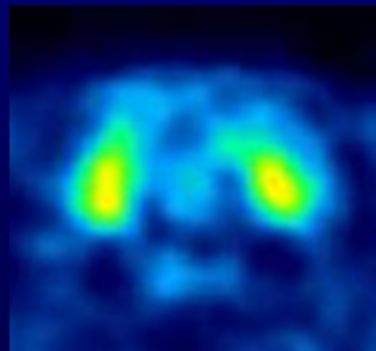
$[^{18}\text{F}]$ FCWAY: Miconazole



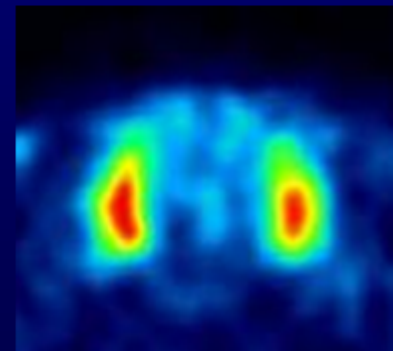
Baseline



15 mg/kg



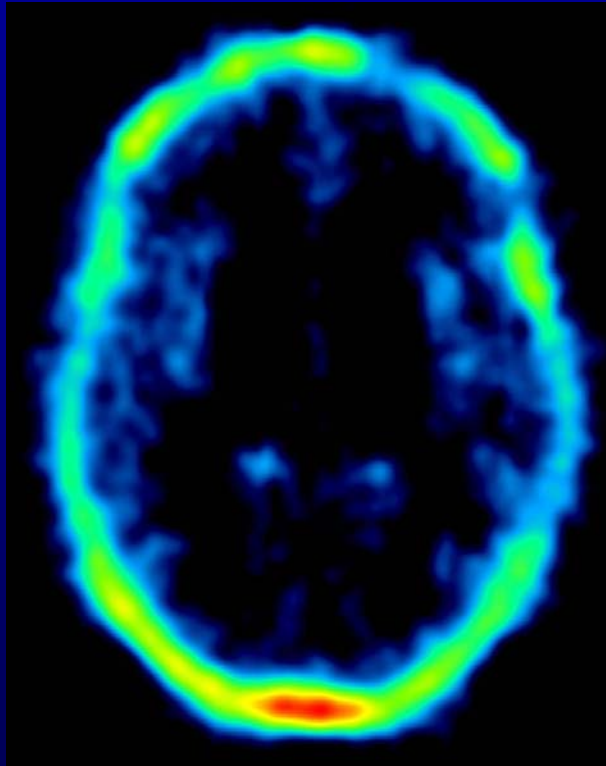
30 mg/kg



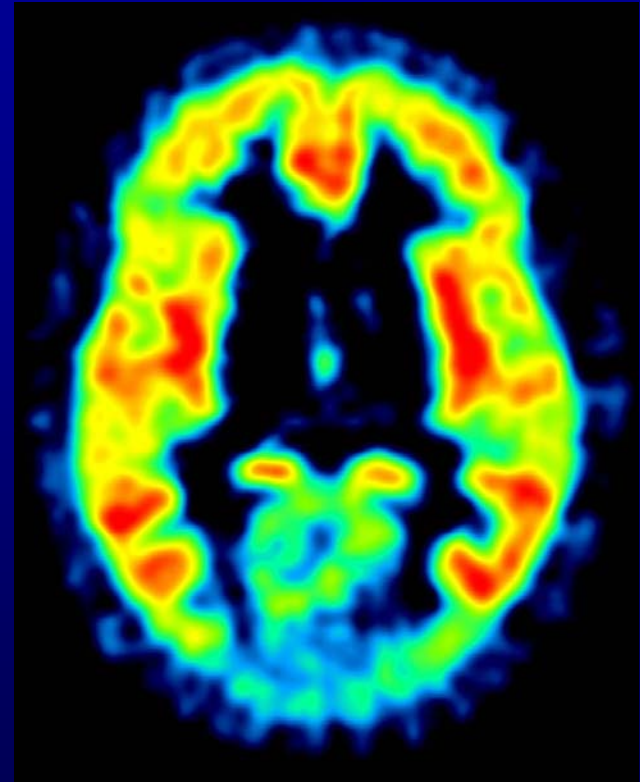
60 mg/kg



# Disulfiram: Decreases Skull Activity & Increases Brain Uptake



**Baseline**

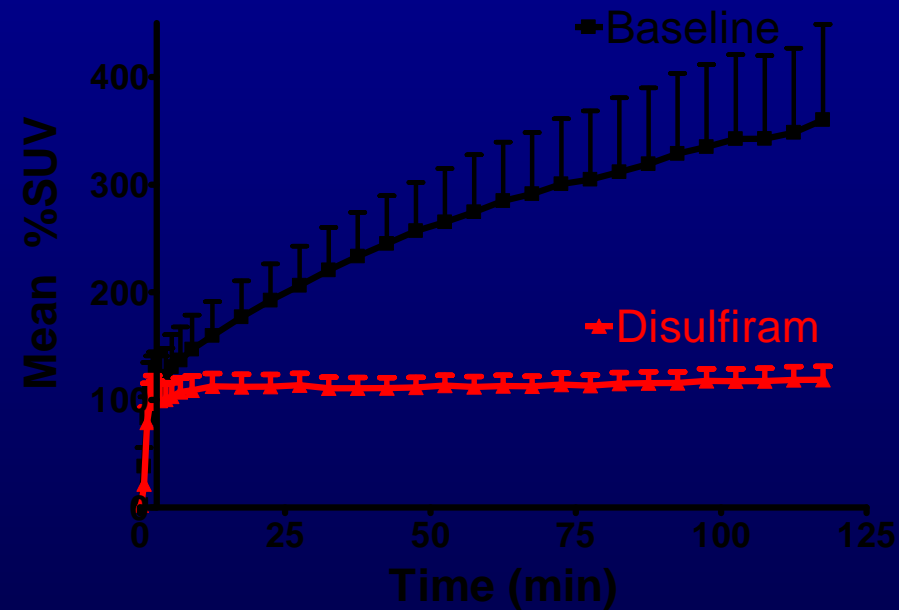


**Disulfiram**

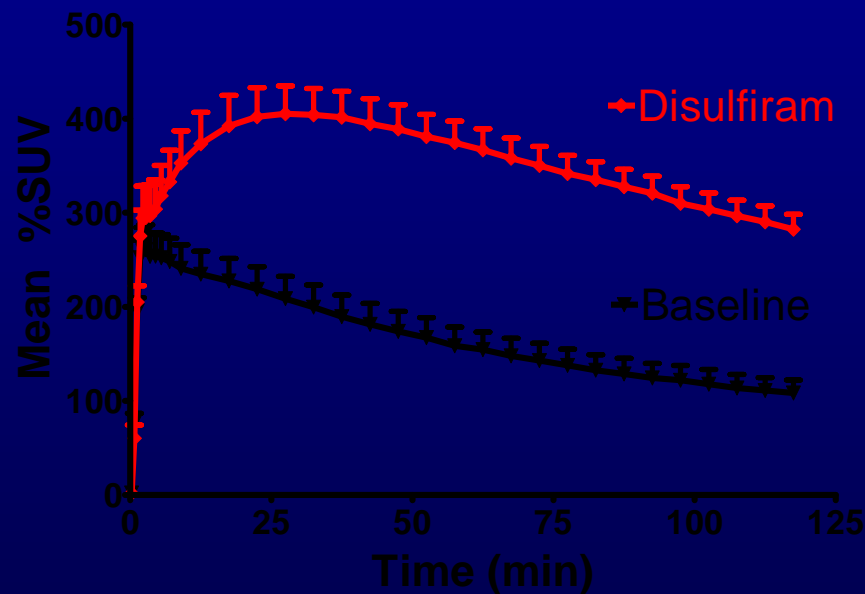
Images at 2 h in same subject. Disulfiram 500 mg PO prior night

# Disulfiram: Decreases skull uptake of fluoride & Increases brain uptake of [ $^{18}\text{F}$ ]FCWAY

## Skull

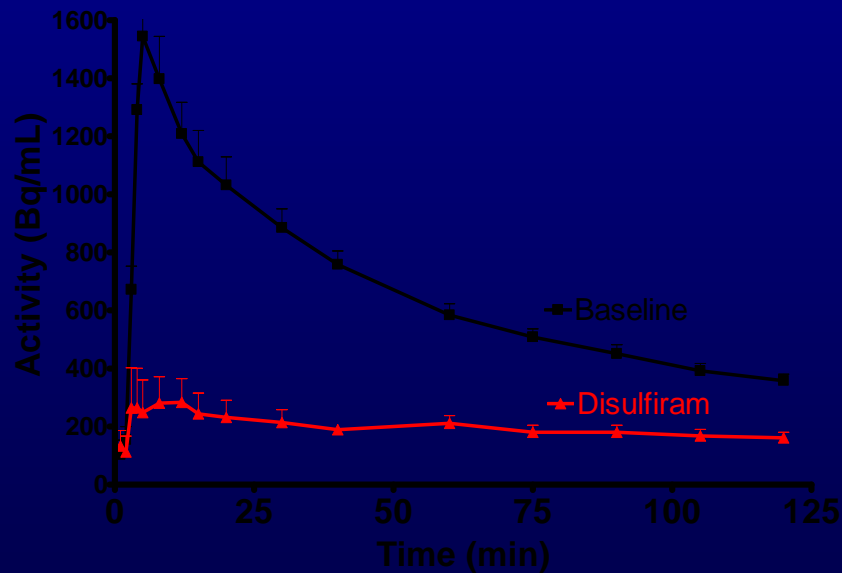


## Temporal Cortex

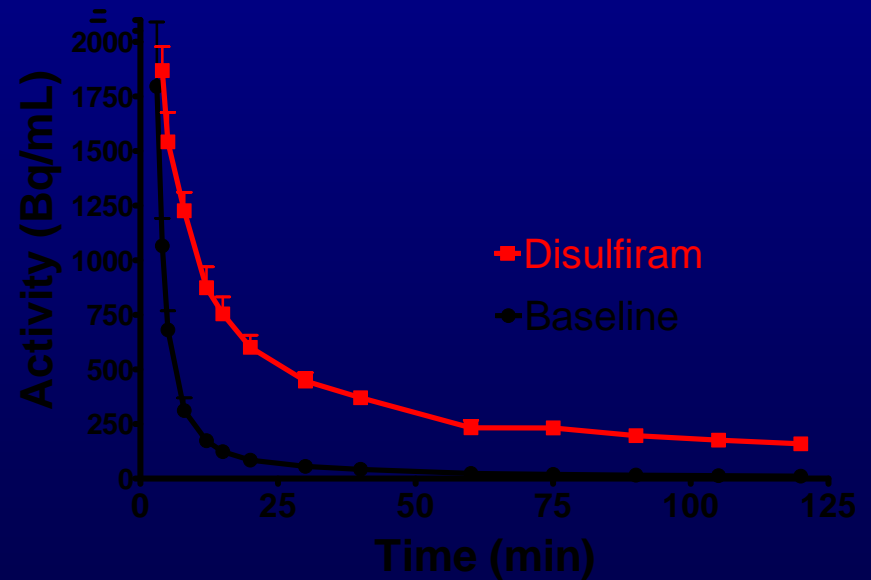


# Disulfiram: Decreases plasma fluoride & Increases plasma radiotracer [ $^{18}\text{F}$ ]FCWAY

[ $^{18}\text{F}$ ]fluoride



[ $^{18}\text{F}$ ]FCWAY  
(parent tracer)





# Summary of Talk

- \* PET has high sensitivity and specificity
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- \* Pharmacokinetic modeling: plasma concentration and tissue uptake
- \* Study drug distribution: “peripheral” benzodiazepine receptor
- \* Study drug metabolism: inhibit defluorination



## Building Relationships to Advance Scientific Discovery

The Foundation for NIH was established by Congress to maximize the resources available to NIH and to provide the flexibility necessary to address promising new areas for biomedical research as they emerge.

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### NEWS/EVENTS



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(Science Magazine Nov. 17, 2006)



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## THE BIOMARKERS CONSORTIUM

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### THE BIOMARKERS CONSORTIUM *ADVANCING MEDICAL SCIENCE*

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The Biomarkers Consortium is a public-private biomedical research partnership of the Foundation for the National Institutes of Health, Inc. that involves a variety of public and private stakeholders including the National Institutes of Health (NIH); Food and Drug Administration (FDA); Centers for Medicare & Medicaid Services (CMS); the pharmaceutical, biotechnology, diagnostics, and medical device industries; non-profit organizations and associations; and advocacy groups ([News/Events](#)).

The Consortium will search for and validate new biological markers—biomarkers—to accelerate dramatically the competitive delivery of successful new technologies, medicines, and therapies for prevention, early detection, diagnosis, and treatment of disease. Biomarkers are molecular, biological, or physical characteristics that indicate a specific, underlying physiologic state. For example, cholesterol and blood pressure are perhaps the most well known biomarkers; these biomarkers are indicators of cardiovascular health.

# Self-Assessment Quiz:

## True or False?

- \* Positron emission tomography (PET) studies involve the injection of a radioactively labeled drug that emits a particle called a positron.
- \* PET shows the location of radioactivity in a cross section (or tomograph) of the body.
- \* PET can be used to quantify the density of specific proteins in the body.
- \* Compartmental modeling of PET data typically uses measurements over time of 1) PET images of the target tissue and 2) concentrations of unchanged parent radioligand in plasma.